

**Registered Counselor Task Force
Stakeholder Comments Received as of July 19, 2006**

I am a Registered Counselor and Registered Hypnotherapist with a part-time practice in Snohomish and am looking to expand it to a full-time practice.

I am very concerned when I see in the memo that there may be "...possible impact of potential changes in regulations" since I have not heard about any such changes being debated.

I cannot be in Tumwater on the meeting dates listed for the Registered Counselor Task Force nor do I even know if they are open to the public, so I am curious as to the potential changes in regulations that are under consideration. Can you provide any additional information?

I wish to say a few words towards your letter I received as a registered counselor here in the state of WA. I was shocked reading recently an article in the Seattle Newspaper about how people using this registered counselor certificate (cost 40 dollars approx.) per year, with very little if any education to support this certification. I moved from CA recently about 2.5 years ago and could not find work in the mental health field or chemical dependency counseling although I have a work history of at least 16 years in the field of mental health. I have gained a CA Certificate from San Jose State University for Chemical Dependency counseling as well as a Masters degree in Counseling Psychology from John F Kennedy University in CA and licensed by the state of CA as a MFT, working as a therapist with a variety of patients. Moreover, I also have a MFT (Fine Arts) from San Jose State University, yet I could not find work in my field for at least over one year because I did not have this certificate!!! Moreover, I have experienced agencies hiring people (ex-truck drivers etc.) to work as a chemical dependency counselor because they may have been sober for a few years. This is incredulous to me, since it took me many years in CA to gain work experience, and all my hours and registrations to work with patients in different fields.

I am glad that perhaps the Governor will look into this because it seems shocking to me and this can bring lots of hurt and problems to patients who are not aware. Thank You for listening and hope that the "registered counseling certificate" will be more monitored in the future.

I'm really glad to hear this issue is being reviewed. I'd like to add my two cents to this if I may.

I'm currently a Registered Counselor and working toward licensure (in the State of Washington). When I applied for the RC I was surprised to learn that all that was required was to complete a 4 hour HIV/AIDS course. What this had to do directly with counseling was beyond my understanding. Still, the State requires this to practice as a non- licensed counselor.

I'd like to say that I think each Registered Counselor should have a minimum 4-year degree, preferably in a social science and work ((or contribute in some way (volunteer, etc.)) at least 100 hrs per year in a social science related field and be required to obtain no less than 12 CEUs per 1 or 2 years.

I've been a counselor for more than 30 years, first at Luther Child Center when they had an inpatient residential treatment program; then as a CPS worker, then as a CDMHP (now DCR). Along with those counseling services I had a second career as a computer professional doing data analysis for the Office of Children's Administration Research for 17 years, analyzing patterns of child abuse.

I am concerned that the effort to make sure that the people providing mental health services are "qualified" will exclude many capable helpers, make services more expensive and out of reach of the economically disadvantaged, and add another layer of bureaucracy. In my experience many of the social work and counseling professionals with impressive academic credentials have been inadequate at relating

to people. Counseling and healing are much more of an art than a science, still. Helping people is not like engineering. When making referrals, I find that satisfied customers are a much better measure of competence than high test scores or the ability to negotiate bureaucratic requirements.

The proper role of government in helping people choose good counselors is hard to determine. The first principle for all of us in the healing professions "First, do no harm" is a good place to begin.

I understand there is some abuse of the Registered Counselor Licence due the public not knowing the lack of education or expertise required for the licence. When I became registered, I think I paid \$10.00. I was told it would allow me to stay with DD pts overnight in group homes. I never worked in DD treatment. I've kept the licence open for the past 14 years because it shows my longevity in the field.

It helped me recently obtain employment as a CNA in a geriatric psych hsp. I have never misrepresented this as anything other than a licence that was recommended I get many years ago. As the county mental health group I worked for has been gone for a long time, the number did validate my resume.

Please consider some level of CEU hours to keep the licence recognised. Continuing education should be required for all health related state licences.

The merits of the counselor registration have always been debated in one of my most recent workplaces where, as a human resources administrator, I assisted hundreds of milieu counselors to pursue this registration. The debates have revolved around this registration's low expectations for a high number of employees in acquiring and maintaining this credential for what more-educated and clinically trained persons consider a highly-regarded and esteemed calling.

It would be nice if the counselor registration persisted, there could be a registration for those with a bachelor's or less education to pursue f(or the sake of tracking and AIDS education requirements) in perhaps a group home or milieu type treatment environment requiring less education and one on one counseling experience for practice. Likewise, there would be another registration for those who have completed a Master's degree in a counseling field and are pursuing licensure yet have not obtained their licensure. Ideally, the Master's degree registration would not cost more than the lesser registration and may even cost less in response to the work they have completed to become an endowed counselor and in response to the amount of school loans they have advanced toward this degree.

Other questions about the registration's intent have persisted. It has always been referred to as more of an insurance policy for agencies and headache for milieu counselors rather than any credential or certification worth pursuing. However at one time, our agency leaned very heavily on the well-documented suspension of two counselors' registrations to ensure the safety and integrity of the milieu; and for this reason alone, I feel it should persist in some capacity.

I thank you for reading this information, which I had hoped to be able to provide on the survey.

I am a bilingual registered counselor in the State of Washington with a doctorate in social psychology. One of the reason why licensing is not appealing to many of us is that licensure is such a racket. It has become big business to sell licensing packets to students graduating from universities. For those of us who graduated years ago and have been in private practice, we have to take an oral and written exam which, incidentally, is administered by members of the licensing board who also teach licensing preparation seminars for a hefty fee. I refuse to be part of a system that fosters nepotism and financial gains at the expense of dedicated and honest professionals. The field of mental health is a field that should honor and respect the profession and the services it renders to the community it serves but NOT a for profit-institution.

I feel the job of a Registered or Certified Counselor is important and both aim to help individuals, both strive to reach the same goal to help the individual be productive and capable of working with the rest of society.

Please do not put a label on Registered Counselors as less important in the eyes of the Health World and society.

Let us continue our work and let us be a benefit to all who need us.

I went to college to obtain a 4 year degree in Sociology and I presently have a job that I would never have obtained without a degree or my registration. Do not take that away from me now.

Thank you for working toward increasing understanding of the registered counselor registration in Washington State. When I passed my board certification to receive my music therapy credential in 2001, I also registered with the state to be a registered counselor. I'm writing today to increase your understanding of at least one of the professions that is underserved and under-represented in Washington State.

This is a shame because music therapy is a field that is well established (since 1950, www.musictherapy.org); has a national regulating body (www.cbmt.org) that is a member of the National Commission for Certifying Agencies (NCCA) (<http://www.noca.org/ncca/ncca.htm>). In addition to the requirement of a 4 year music therapy degree from an NASM school, music therapy candidates must complete a 1040 supervised clinical internship and successfully pass a national board certification exam. After completing the RC survey and finding no place for me to note my nationally recognized credential, I'm sharing this information so that you may consider the training and oversight already required of board certified music therapists (MT-BC).

I am one of more than 20 music therapists practicing in Washington State. The field of music therapy is an allied health profession and music therapists serve a wealth of populations from infancy to end of life providing a range of interventions targeting physiological, cognitive, social and developmental goal areas. Some of our local music therapists are providing high quality service to children with special needs, elders with dementia, seriously ill and injured children as well as other populations in a variety of settings.

Our work and our extensive training and credentialing process is often put at risk by a lack of regulation on the state level. For example, many musicians with big hearts and wonderful intentions, call what they do "music therapy" and offer to sing or play music for residents of a medical facility. Some of these folks even volunteer their time. Although live music can be a wonderful addition for residents and patients at facilities, it is at the expense of other residents and patient who could be served more valuably by a board certified music therapist's assessment and treatment plan. For example, there may be patients at a facility that could benefit from recent research and treatment protocols using music to improve gait following a stroke or neurological disease such as Parkinson's [a neurologic music therapy technique known as Rhythmic Auditory Stimulation (RAS) <http://www.metromusictherapy.com/neuro.html>] but because the facility has a musician playing in the lobby once a week, they report that they have a "music therapy program." We have encountered this situation and although we always offer education and direct facilities to the same resources I have provided above, because music therapy is not recognized and supported on the state level, it is nearly impossible for us to apply any real pressure on organizations that continue to misrepresent music therapy to their patients and to members of the community.

I understand that music therapists work in such varied capacities that some don't even fall under the purview of "registered counselors." However, if we are to be expected to pay yearly to be registered, we would hope to also be represented within the laws and regulations of Washington State.

I just wanted to take a moment to say that I don't believe this survey is going to get you the results you are looking for. There are many, many people that don't fit into the rigid questions format provided by the survey. Let me give you a couple of examples that I had issue with and I am sure other people did also.

1. I have accumulated about 6 years of college level education, but they are not in a degree format. You only ask for people to check degrees. 90 % of my education falls into counseling, psychology, spirituality, complimentary health care.

2. I have spent about 10-12 years doing counseling in a variety of ways but only on a part-time basis. Much of the counseling I do I only accept donations for. I do what I do as a service to the community, therefore I hold down another job that pays the bills. There was no opportunity to check a little box for part-time.

There was also no field for comments. It's nice if you have a very limited survey to at least provide a space for people to qualify some of their answers.. It would also have been nice to have included a space asking how many people are ordained in some religion. Quite a few ordained ministers have a WA registered counseling license.

Good luck in your task force work. I hope WA state keeps this license going. I don't rely on it, but it is nice to include it in my list of other less traditional certificates etc.

I am a RC/ post masters intern working toward licensure in Washington and Arizona, as we split our time between these two states.

I don't understand why Washington doesn't implement the same process for licensure as Arizona? AZ has an Associate Licensure category that requires Masters level MFT trained individuals pass the MFT national exam prior to beginning work as a counselor under direct supervision.

PROS

1. The AZ health board of examiners aggressively tracks and disciplines therapists who do not adhere to the law that requires work under direct supervision **ONLY** prior to full licensure;
2. The state of AZ collects a notable license application fee for both the Associate level and Fully licensed level MFTs – Associate fee in AZ much higher than RC fee in WA;
3. Consumer can easily discern Masters level trained MFT working toward licensure.

The current requirements for licensing in the state of WA are not reflective of the RC status. It seems reasonable to implement a level of MFT licensure that accurately reflects the level of education and expertise MFT's in the state of WA embrace and promote.

As a court-appointed confidential intermediary (superior courts), my role is to search, find and facilitate reunions between adoptees and birth families. Although we are by law supposed to be court-approved trained and knowledgeable in our field, I have never understood the requirement to be a registered counselor. Although important to be registered with the state in our important role, I have seen where at least one CI has advertised her 'registered' counselor status. Truly, I feel it is misleading unless one is indeed a *licensed* counselor with a degree in the field. If you would like to speak to me in person so that I may make this more clear, please feel free to call or email anytime.

What is meant by the phrase "...whether the registered counselor profession should continue." If it is eliminated, what would that mean for those of us in private practice who are toiling away to earn the 3000 hours required to sit for the licensure exam? Since wages are so low, working at an agency to accrue the hours for licensure is not financially feasible for many--especially single earners who have no one with whom to share expenses.

As someone in private practice who is four years post-graduate education, I would also like to take this opportunity to address the inequity in the requirements for licensure in this state. I cannot understand how naturopaths and acupuncturists finish school, take their exam within weeks of graduation and are given licenses. On the other hand, master's level therapists complete an equal amount of education and lengthy, supervised internships--just as an ND or LAc does--and then must complete 3000 additional hours of client contact, continuing education and costly supervision. Only then are we allowed to take the test--often years after we finish school. (Thus requiring expensive books, tutorials and refresher courses.)

This inequity is utterly baffling. Naturopaths and acupuncturists can harm people's physical and mental health--even kill patients if they give herbs that interact badly with pharmaceuticals or existing health conditions. And yet, they finish school, take the test immediately (when all the information is fresh in their minds) and are licensed to practice unsupervised.

Certainly, I am not asking that naturopaths and acupuncturists be further restricted or asked to wait to earn their licensure. I am simply asking that the state recognize the value and equivalence of the combination of didactic/clinical training in my field. Finally, I would like the respect given to other professionals and be given the opportunity to take the exam within weeks of graduation (a moot point for me, I know) and to earn my license without further delay.

Thank you for considering my thoughts,

You do not allow someone to say they are working towards two licensures (e.g. I am working towards LMHC & LMFT).

I would have preferred to have the question about what areas of counseling where the person spends most of their time have allowed two answers – somehow indicating they are major areas. For example, traditionally over ½ of my clients have been couples (the rest individual). But I consider myself as doing mental health counseling and not just marriage/family counseling.

You do not allow someone to choose two Licensures for their supervisor other than saying they hold more than one of the credentials. To me, a supervisor who has a mental health licensure plus a second licensure is very different than someone who would have two licensures that are not mental health (E.g. licensed nurse & licensed physician assistant).

You did not have a place to indicate that someone has done counseling in another state than Washington. I was an unlicensed counselor in Colorado before moving to Washington. Others I am sure are in that same situation. Having had a private practice in both states, I do not work 40 hours a week. So the information that I have been practicing for several years is not accurately reflected in your survey.

You may want to review what Colorado has done in their unlicensed counseling program. A study was done that looked at number of grievances per category of counseling and it was found that unlicensed counseling had fewer grievances than some of the licensed counseling categories. They do have a strict definition of counseling that includes working with behavior or unconscious material so that even if someone does not call themselves a counselor the state laws say they are and must follow at least unlicensed counseling statutes. This enables the state to regulate people doing counseling work that are not calling themselves counselors.

In California, when I lived there, many people got around the counseling regulations by calling themselves educators or other names and continued to do counseling work even after receiving serious grievances and having their licenses removed.

You have taken on a huge task and I send you my full support as you make what will hopefully be meaningful changes to help serve our various clients who rely on competent professionals for help.

I am currently working as a Registered Mental Health Counselor in the private sector. I have an outstanding supervisor with 30 years experience overseeing and documenting my hours as I work toward licensure. I know how busy you must be so I will try to be clear and concise.

I participated in 2 internships when I was completing my masters degree (psychology) in 2004. I knew I wanted to work in the private sector and therefore researched and found a private therapist who would supervise my internship hours in the private setting as part of my overall internship. All private sector sessions were taped, reviewed, and critiqued by my supervisor. I also worked in a clinical setting where my supervisor barely had time to meet during scheduled supervisions. I think you will find that most Mental Health Counselors agree that the work requirements in a clinical setting have an ever-growing case management component tied to them. Many clients in clinical settings struggle with immediate life challenges (housing, domestic violence, drug abuse, and/or medical issues), leaving little space to explore inner change that could significantly transform their lives. What this means is that the training I would have received if I had chosen to only do my internship at a clinic would not have prepared me for the demands I face in the private setting. Therefore to mandate clinical experience prior to licensure (which is the word on the street we're hearing about future changes being considered by the State), would not prepare Mental Health (or family) Counselors to competently serve their clients in the private sector. I had a wonderful experience doing part of my internship in the private sector.

I hope you might consider adopting a 2 track licensure option; one for counselors who choose to work in a clinical setting and another for those who have a goal to work in a private setting. I am NOT proposing adding extra requirements beyond the clinical setting hours for the private sector, because the training and experience does not transfer well between the two. **I am proposing having Registered Counselors who are working toward licensure declare the track they wish to pursue and then receive training either in a clinical setting or in the private sector. This will help to ensure that competent care is given to our various clients, which I'm sure you will agree is the goal from the review process.** Again let me say clearly that the professional requirements look very different in these 2 settings (much more so than even 10 years ago).

This is a complex issue that I could explore in much greater detail, but will stop here in order to respect your time. I am happy to clarify anything that seems unclear. I wish you all the best with the review process.

I have held my registered counselor certification throughout the second half of my bachelors degree work and throughout my Master's degree work. I have always worked under a supervisor and am now working toward state licensure. The survey does not allow you to state the reason for holding registered counselor as you only have so many years to test for state credentials. Also, as is in my case, I opted to begin working toward private practice while working toward my state license. I let all of my clients know that I am a post graduate student who is receiving supervision and working toward licensure. I also volunteer at a community mental health clinic where I am supervised as well. However the survey will only allow participants to choose one. Therefore in my case and the case of a few of my fellow alumni a clear picture of our situation is not given. I am concerned that this task force is going to be swayed by the recent publicity and mishandling of a few people. There are many Pastoral counselors who need this registered counselor's status because of the nature of the problems of the parishioners that they oversee and talk with. There are those of us who are trying to meet the stringent state requirements in order to get licensed who quite frankly need the registration to get licensed. Please remind the task force and the governor not to knee jerk on this issue. There are disreputable people in every profession, carrying many different credentials just as there are those of us who are following the rules and doing what we need to do to secure the credibility of our professions. Thank you for listening

I work strictly as a volunteer youth/pastoral counselor in a very rural area w/little to no public access (non diagnosed patient) to services. The RC designation allows me to gain liability insurance and reach the entry level needs of our rural youth. Youth with diagnosable issues need clinical services and I work closely with

those providers. County mental health agencies triage cases and need diagnoses to serve. The greatest loss to me (as I would continue cnslg w/o the RC designation) is the loss of insurance. I support CE of up to 30 hrs per year for the RC class. Elimination of the RC designation would critically impair rural services (there are plenty of licensed counselors in urban/suburban areas to cover but few if any in rural areas). Thank you for your service. I also filled out the online survey.

Aside from my concerns about loosing the little piece of paper that assures some that I do my ethical best to maintain a professionalism about my activities and voluntarily hold myself subject to state investigation if I fail to adhere to safe practices, I had concerns about the survey itself.

Questions 2, 3, 4, 5, and 6...over half of the survey, asked questions like, "Which ONE of the following BEST describes the area of counseling that you spend the MOST time?" and "Which ONE of the following BEST describes your work as a Registered Counselor?". All questions worded in ways that eliminated the possibility that a respondent may have a nearly equal responsibility in a secondary setting. And the toggle's to answer each question prevented multiple answers. All this being understandable if there would have been questions about additional areas of practice or volunteerism to the initial answers provided, or a "comments" area at the end of the survey.

On top of my primary nursing employment at Western State Hospital, I, being a transgendered person, co-founded a Pierce County non-profit organization providing peer-support groups for other trans-identified people. Although my position, as my facilitator training through the Ingersoll Gender Center in Seattle dictated, doesn't include direct counseling of others, my experience in the psychiatric field was invaluable to the process of constructing our group and organizational structure and my direction as to our responsibilities and ethics as facilitators, and that little piece of paper was my validation for others to feel confidence that my demands for detailed ethical restraints on our behavior were respected.

I feel that my value to my community is equally reflected in my volunteer work as well as my professional position. My work at Western State could continue unfettered with the loss of a formal recognition of my experience in working with vulnerable populations and helping those clients understand themselves, but my Counselors Registration has been a key ingredient in communicating my understanding of our role as facilitators in the Gender Alliance of South Sound's organizational structure. Without it there may have been many warnings unheeded and ethics unacknowledged by an organization which, given the profound needs of this population, would have developed just as decidedly, without my direction.

Withdrawal of my ability to use this little piece of paper could have an impact on my ability to give healthy direction to the MANY "NON-PROFESSIONAL" facets of a newly self-conscious community, with intense needs for more interaction than they can afford from charging professionals, (not ignoring the definately appropriate and necessary places that professionals have in the lives of the transgendered population).

I currently work as a real estate broker and part-time mediator. I do not currently practice counseling, but would like to keep the option open and keep the credential. I have an MA degree.

Oh boy, here we go again. Another waste of taxpayer money under the guise of protecting it's hapless citizens. We all know the game by now. We tighten up the certification process again so as to make even more difficult to meet the qualifications so as to protect the citizens and counselees to the point that only the current mainstream providers will get the majority of work and justify charging even more exhorbitant fees, because of the expense and difficulty of obtaining the certifications. Fewer providers, more work for them, more expense to the poor taxpayers and counselees who can barely afford what is available now. So the mental health agencies are doing what happened in the teaching profession. Keep upping the certification process and the result is fewer qualified teachers. Even when we need teachers.

I am retired and no longer working as a payed counselor although I occasionally volunteer my services to the Red Cross or Dept. of Corrections. I have a Master's Degree and certification to be a Group Counselor and in fact a trainer of Group counselors. I also have a degree in secondary ed. I would also like to teach occasionally

but todo so would mean I would have to go back to College to obtain a special certification. This is when they are begging for teachers and I could teach at the college level without any further formal education at higher wages. Does this make sense? This is why I see this task force as a waste of time. What you have in place now is more than sufficient. What is the guarantee? It is called insurance. No one in thier right mind would go through the existing process to be certified and then risk a lawsuit to go out of the exiting statute limitations. They could lose everything they have and or pay a fortune in insurance costs to practice. If you really want to serve the people of Washington well. Then find a way to get more people into counseling, smooth the way to their certification, and thus reduce the costs and therefor the fees so that victims can access counseling at affordable rates. Chris and Sue

A general comment, I don't think you should have a "registered counselor" category. It does not mean much, as the requirements are so little and is not representative of the education someone else might have, but does not have quite enough of the requirements to be a Certified Counselor. For example. I have a Masters Degree in Psychology. I have worked in the field for about 8 years but not always under a Certified Counselor. I worked for 6 years in a Psych hospital where the supervisor was a nurse. This did not meet the requirements of supervision under the Certified Counselor. Anyway, I am lumped in the category of Registered Counselor with others who may not have any formal education in the psychology field or experience such as mine.

I hope you change this situation.

I just wanted to comment that I completed the registered counselor survey and feel that I was unable to provide a full overview of my status given the limited nature of the survey.

I am both a Licensed Mental Health Counselor and Chemical Dependency Professional, in addition to holding my counselor registration, but I was not able to indicate this on the survey.

Also, I have been working in both the CD and mental health field for the past 7 years at a community based agency doing combined services as well as individual discipline focused work - this answer was also not an option.

I really appreciate the opportunity to provide feedback, and just felt that it was necessary to let you know that you may be missing out on some information that could be useful by limiting the responses to one answer only.

Thank you for review the counselor registration credential - I believe this is an important step in the field of human services.

I completed the survey. It was somewhat difficult to put in my education and experiences. I am a reg. nurse of 50yrs. that specialized in Psychiatry, hospitals, hospice,etc. as well as worked with the Red Cross Disaster teams as both a Mental Health Professional and Reg. Nurse when on disasters. I mostly do Spiritual work now on a volunteer basis, and am a clinical hypnotherapist. I would definitely like to see the qualifications for Counselors be reviewed as I know individuals that have minimal education in this field, have taken a week-end hypnosis lecture or classes from some out of state facility where workbooks are completed. They have no idea what the professional qualifications consist of, but, are registered. Good luck on addressing this issue, it is time.

I've been a registered counselor for about 14 years in Washington. I have never found any benefit in being a registered counselor. Supposedly the registration number is kept so that people could lodge complaints against me. I don't know that the general public is aware of this. I think the requirement of only having four hours of HIV training makes the credential fairly worthless. It seems to simply be a tax on social workers.

My husband and I both received this letter asking us to take part in a on-line survey. We have both completed Peer counseling training and received our Registered counselor License. We are at this time looking for work in this field. There seems to be much confusion with Peer counselors, Employers and even the general public. We appreciate the fact that you are looking in to how well this program is working. I am currently working as a Coordinator for the Warm Line, a phone support for peers by peers of mental health. This survey is very confusing.. Was it intended to be sent out to peer counselors. As most of the ones in Vancouver are still looking for work, being told that the employers are just getting programs together. It would be a shame to judge peer counselors if we haven't got a chance to get started. I believe the most important part of being a counselor is whether the consumer is benefiting from our services. The work that we do(as volunteers) Jim and I seem to see that they are benefiting quite a bit.

As for the survey, if I were to fill it out it would be a gross understatement to peer counselors. please reply as soon as you can.

We will be following your web site information.

I have just completed the survey about counselor registration that is being conducted. I have been a registered counselor in Washington State for over 5 years but have worked in the counseling field for more than 20 years (much of that was done overseas). In my opinion the registration requirement is totally useless. Virtually any warm body can meet the requirements for registration. This makes the registration meaningless. The danger is primarily in those who would use the registration to try to establish some kind of credibility with the gullible public. I think the registration of counselors should be totally eliminated. Each field already has a certification process with standards and education requirements. That is all that is needed in my opinion.

Though there was not room for comments on the survey, as a representative of the Washington School Counseling Association (SPU Student Rep) and a member of the American School Counseling Association, I am compelled to express my concern about the law as it exists.

As I understand it, the title of Registered Counselor and a "License to Counsel" is available to anyone who can fill out a form and write a check. I think this is both inappropriate and dangerous.

I personally pursued this option because I have been working in the schools throughout my course of studies and seek to model professionalism during my coursework/internship. I have also been careful to have current and comprehensive liability insurance through ASCA. I used this Registered Counselor option only because I knew I would soon be a fully trained, qualified counselor, and I ALWAYS identify myself as a student/intern.

I encourage you to consider carefully the recklessness of the current policy and to work towards creating higher standards and greater accountability as foundations of this program.

After filling out your survey and reading the Task Force minutes, I feel like you all have covered almost every detail except how this plays into state classified job descriptions. I think we all understand that there will be new classifications for state employees and higher education employees; therefore, I am asking that you please look into the classification of Social Work Assistant II which requires that this employee be a registered counselor. Some of these positions in Spokane are currently under the umbrella of Community Colleges of Spokane as Head Start/Early Head Start employees. Social Work Assistant II employees do "counseling" but call it "mental health education". The reason for this is that there is no other classification that we fit into right now. Please consider looking into the job classifications and start with that as this is such a heated issue right now. Also, my suggestion is to change Social Work Assistants to Case Managers so that we can actually do the "counseling" we are registered to do.

After 32 years in the system, 28 at the masters level I see the mental health and social service system imploding. I believe y funding issues , managed health care and the RSN system have created problems rather then solutions.

I am glad to see that there is a task force looking into RC requirements. I have been required to be a RC for four years. I have always felt that practically "anyone" could be a RC. I really don't know what it means, but I am required to pay \$40 a year for it.

I think that there should be continuing educational requirements for RC's, and an educational background of at least a BA in counseling/psychology. Perhaps current RC's could be "grandfathered" in without the educational requirements, but would have to follow updated continuing education requirements.

There needs to be legitimacy and validation brought to RC's, and something to make it worthwhile and "important" to have.

Good luck with your task force!

I very strongly believe that "Registered Counselor" is a valuable and needed category of provider.

I have had extensive training over many years that provide me with the tools and experience to provide safe effective counseling. I have advanced degrees. Unfortunately the State of Washington does not provide certification for the life time of experience and service I have provided.

Not everyone agrees that the medical allopathic model is the only valid approach to Good Health Care. The state's current direction is more and more toward a non holistic approach to health care. I believe that by eliminating the Registered Counselor catagory of provider you will be doing the citizens of Washington State a disservice.

All of the Registered Counselors I know have had extensive training, life experience and a real and meaningful desire to help and provide guidance to their clients.

I do support that the state keep track of counselors as it does through the Certified Counselor program. I would also support more documentation of Registered Counselors training and experience. But I do not support the state NOT recognizing the diversity of valid alternative programs of study which offer the skills and training to effectively counsel individuals.

The online survey did not allow for part-time work, thus could not be considered representative. Also, many counselors have more than one job, myself included. As well as working for a hospital, I also work for a non profit agency.

At this point I have seveal observations regarding the current status of the RC status within the helping professions. It has been my experience(coming from California) that credentialling does provide a level of oversight and professional ethics. Having an MS in counseling does provide me with some clear understandings of how the counseling profession should be applied to those situations which lend itself to counselors versus, MD's, therapists or those licensed to perform specific kinds of therapy. The educational level should fit the level of care. I believe that if RC's are to be counselors then their education should have both practicum experience, theoritical education and some level of continuning education. Hence a minimum of masters degree(MA vs MS) does make a difference in the level of the ability of one to work in both an outpatient situation vs inpatient facilities with varous kinds of presenting problems of those individuals involved.In terms of breaking

down those who are interested in pastoral counseling or drug and other addictions, it seems to me that some special credential should be applied to these levels of licensure. I would recommend that if there are changes to the current requirements that DOH grandfather those individuals who may not meet the new requirements so that they can either comply within a reasonable amount of time or transition their private practices so that those they are seeing will have ample time to seek another counselor.

Lastly, there are several web-based referral services(Psychology today, ACA, etc..) which individuals can subscribe to which may need to be a part of the process of helping individuals better assess their needs. Most of these have a screening process with professional liability insurance verification and a level of professional licensure needed. The state may want to review these web-based services to see if there are any " best practices" which can a part of this review.

Although I am based in Portland, Oregon, our agency services Clark County and I therefore work with bereaved clients who reside in Washington. I have been in my position 3 years and have been registered with your program during that time. While I can see the conceptual benefits of having a statewide program that recognizes professional counselors, it feels at present that the program functions as a moneymaker for the state rather than as any kind of licensing or regulating body, particularly as there are not continuing educational or other requirements associated with the program. It has also never really been clear to me how this information is used; for example, is there a directory published or available on-line for folks to access when seeking a counselor? If not, who uses this information and when/why is it used? Lastly, if the requirements for your state differ from the requirements of my position, how are those discrepancies resolved! ? That is, I am not required in my current position to be an LCSW; if your state program changed such that such licensure were required, would your program preclude me from working with the bereaved clients served by my agency who reside in Washington?? As you can imagine, this could create significant problems for me and my agency.

I do not expect direct replies to these inquiries, but I would appreciate if you might append them to other input being considered in this review process. Feel free to recontact me if I can provide any further information that could be helpful.

I am a registered counselor. I like the requirements for a registered counselor to stay exactly the way they are at this time. I want less government regulation, not more. If someone is not a good counselor, they won't have any business and that is the way it should be. Please do not regulate registered counselors any more than they already are.

If you do take a way the qualified counselors you will lose so many employees and this field not many go into due to lack of money. I am a qualified counselor and am a intervention counselor for a school district. In 98 I had had finished all my credits I had needed to and was to be grandfathered and doh denied it. I am now working with another organization to become certified as a intervention specialist due to doh not standing behind there word.

Now I think I will send all my info to the governor and see what happens. doh should have sent me my CDP along time ago and have refused. I have the paperwork that I had done to be grandfathered and offered to pay for the CDP. I am writing the governor and explain this to.

Send me the survey and I will do one for you. I do want them all to know if the qualified counselor is out so will be the end of the work field.

I have been working in Washington State in the human service field since Jan 1999. Prior to my move to Washington State, I graduated from the University of Montana in 1993 with a Bachelor's Degree in Social Work

and immediately started working in the human service field. I have accumulated a total of 14 years experience working in human services with seven years working with mentally ill adults.

I have many concerns about the “Registered Counselor” process. I have noticed that anyone working in human services can become a “Registered Counselor”, even people without any degree and/or with minimal education and training. Some university systems are increasing strict guidelines and requirements before students apply for a major in human service related fields. I would like to see more strict guidelines and requirements with the “Registered Counselor” Application and possibly adding a new type of registration or application for those working in the human service field whom do not have a completed four year degree and who work in non-degreed human service positions.

Another concern I have is several years ago Washington state changed its guidelines regarding becoming a “Mental Health Professional” (MHP). It is my understanding that Master Leveled Professionals are the only individuals allowed to apply to become a MHP. This change has decreased and limited my professional abilities to perform my job as a clinical case manager due to the fact that I do not have the “MHP” status. I would like to express my frustrations with this change and would like to see more opportunities for professional growth within the human service field. MHP status should demonstrate one’s level of experience and professionalism working in mental health and not use one’s education as criteria of their experience and professionalism.

Thank you for allowing me to at least express my concerns and hope that these concerns can be addressed when new qualifications and regulations are being considered when developing the new “Registered Counselor” laws.

I believe a person should at least have a Bachelor's Degree from an accredited school, with a cumulative GPA of at least 3.5

I am a school guidance counselor in Tacoma. I keep up my state "Registered Counselor" license only because I have held it since I worked in a private mental health practice when I was fresh out of college. I have great concerns as to what it means to register as a counselor. I do not recall there being an extensive screening process or application procedure, maybe just my college credentials? But when the general public sees or hears "Registered Counselor" I would imagine they assume we go through a rigorous screening. I was an undergraduate with a Human Development major, entering a job of family support, had absolutely no counseling training when I applied and received my license. Now that I have since went through a Master's degree in Counseling, the title holds more reality. I have a fear for people in our state using this "Registered Counselor" title as if it entails a process of training certification and screening including background check. I am not able to attend the task force meetings as I am leaving the state for the next month...however please feel free to utilize my comments and concerns for the safety of people in this state. I would be more than happy to have to actually go through such certification requirements, knowing that it will eliminate people who have absolutely no counseling training from "using" the title.

I have a comment that the survey did not cover. I interned at an agency working with children in the Vancouver area. Much to my surprise several people who provided support (more in the line of activities) to families became registered counselors. If I remember correctly one of the questions asked on the registration forms is what the method or theory of counseling is.

I do think it is a good idea to have counselors registered as a method to help to keep track of them. I do question the validity of those who are not doing counseling being a registered counselor.

Hello, I have been a reg. counselor for some time now. I just wanted to give you an opinion since I won't waste my time or gas on driving to the other side of the state for meetings. This is a waste of tax payers dollars to have

a task force. First yes there should be some kind of requirements except for just having a pulse to be a reg. counselor. But you have certified counselors that require the masters and testing. You have to have cont. ed for a simple job such as an NAR but not for this. Continuing ed would be good, but you drop it and those of us without a Masters degree will loose out on more jobs. As it stands right now social services is one of the lowest paying fields, but there is no way someone without kids can afford to go to school to get a masters. I am 36, single no kids and I cannot get any help with funding for any school because I was smart enough to get my schooling done before I started a family. So if the Governor can actually take the time out to speak with people who are real working people, instead of taking time to raise taxes hire, she would know what is out there and wouldn't need this task force. What a complete waste of tax payers dollars. She needs to put that money into helping the people of WA not figuring out if this is viable or not. You cannot get insurance to counsel off a reg. counselor so what is the big deal about keeping it. Add some continuing ed and call it good.

Sorry if this sounds rude, not trying to be. I just work with people who are sick and most are dying and they cannot get a penny of help from this State (because they are not crack heads or alcoholics who can actually get disability - they have a real disease, cancer) and the governor is concerned about reg. counselors. She needs to look at the big picture and what is really important. The last governor sure didn't and it looks like we are stepping in the same boat again. I sure hope not. Sorry again that you got my frustration.

I currently hold the Registered Counselor's license, though I am a Clinical Psychologist and was licensed in both Texas and Minnesota. I retired in 2001 and moved to WA to spend more time writing, which I have done. But I suppose because I have been unable to let go totally of my previous profession, I have maintained the R.C. licensure in Washington more or less as a token, just in case a need for it might arise.

I feel the designation should be eliminated. Having spent 5 years in study and supervised training before seeing clients on my own, it was a shock to realize that people could hold any kind of mental health license with almost no training and experience to speak of. My distress is not only at the sexual abuse of clients (which occurs in all professions, however well trained the provider may be), but at the harm that can be done by people who approach such an important task without knowing what they're dealing with, often with the primary thought of "fixing" people.

Those who are in reasonably good mental health will probably not return to such a counselor, but people with personality disorders and serious and persistent mental illnesses may not have the ability to discriminate at that point. Therapy can certainly be helpful to clients, but it also has the potential to cause great harm.

It seems to me that no mental health profession should have any kind of licensing without proof of thorough training in the signs and symptoms of serious and persistent mental illnesses and personality disorders (at the very least), and at least two years of supervised experience, from supervisors who have had training in supervision.

Please also make the task force aware many of us did the grandfathering which we had sent for the paper work august 1st of 98 and fully paid for the qualification certified letter which i did and was paid July 13, of 98. many of us did the application. when it came down to it DOH would not except. By then all qualifications had changed. Many of us had done all the qualifications. I do feel that was DOH fault. Now many of us have contacted CPP certification out of moses lake to get certification. Especially ones like me that are in the schools. Many of us hold all the paper work and like me sent in the money in which of course DOH said they did not receive. I will also write the governor and send this paper work.

I am writing about the review of qualifications for registered counselor in Washington State. I am both a registered counselor and a consumer of services of other registered counselors. I work in a field that has no

licensing process in Washington State, as a Developmental Movement Therapist. There are about 12 agencies throughout the United States that provide this service.

I and my colleague were trained by one of the pioneers in this field. When asked "what are your qualifications to do this work?" she would reply "what were the Wright brothers qualifications for flying airplanes?" We are in a field that is small but growing. A small Hollywood film studio was interested in our work and did a short documentary about us. The British government provided a 1 million pound grant to study our work in England where some of the top educators have taken notice and have integrated our work into Early Years and Birth to Three Matters programs throughout England. We train Physical Therapists, teachers, psychotherapists, and physicians in the work we do, but we do not have a way to be validated by the State of Washington except through the registered counselors license.

As a consumer of the services of other registered counselors I know that I work with a neural feedback therapist who has changed my life for the better, who does not have a Master's degree; I have worked with spiritual counselors who have made differences that would be found with no one else. I am assured by the fact that they have a registered counselors degree that there the state knows they are there and working.

My fear is that many competent and creative people who add a tremendous benefit to our community might not be able to get a registered counselors license if you require Master's Degrees in a limited number of fields.

Please consider that this is a State that welcomes innovation and that the RC license allows for that innovation while also keeping track of who is doing it. Please do not create a narrow definition of Registered Counselor.

I started to complete the Registered Counselor survey and noticed there are areas of counseling listed, all of which require state certification. I am a Certified Rehabilitation Counselor (CRC) and this certification is granted by the Commission on Rehabilitation Counselor Certification (CRCC). My CRC Certification Number is 00067329. This certification was not listed among those to check as a credential in addition to being a Registered Counselor in this state. This credential requires a Master's Degree and course work that relates to rehabilitation counseling. It also requires working under a CRC and then passing an examination administered by CRCC. In addition, CRCC has a strict code of ethics and requires continuing education units for recertification every five years. This credential is recognized by State of Washington Department of Labor and Industries, though it is not granted by the State. It is also recognized by the United States Government as a credential for rehabilitation counseling and by Social Security for Vocational Expert testimony. I am currently a provider for the Department of Labor and Industries and am certified as a Rehabilitation Counselor by the United States Department of Labor Office of Workers' Compensation Programs. My concern is, as there is no means of conveying this information or checking this certification on the survey form, that individuals with this certification will be overlooked when the new definition of a Registered Counselor is determined. We are well educated and competent professionals and are involved in the counseling of injured/ill workers on a daily basis. This is the web site address for CRCC, which outlines the requirements and code of ethics:
<http://www.crc certification.com/>

I am emailing you to express my concern about how easy it is for people to become a registered counselor. A year ago I graduated with a BA in Psychology. I started an internship in which I was requested to help facilitate an anger management class. I asked around to find out what I needed to do to qualify to lead such a group. To my surprise I was informed that all I needed to do was to take an AIDS awareness class and fill out the paperwork to become a registered counselor.

I helped with the anger management class for a total of 8 months during which my concern grew. The gentlemen that I worked under had been leading anger management groups for 5 years. The only training he had was being a member of an anger management group himself and watching a 15 hour video on biblical counseling which

was the equivalent to a basic introduction to psychology class. Over time I noted there were many in his class that were there because of court orders for domestic violence charges. Some of these men were repeat offenders while attending his program. One was arrested four times for domestic violence while attending the program. Although the leader had good intentions, I do not think he was trained to handle such a cliental.

Due to my concern I started to do research on my own about the subject. I became aware of the fact there was a lack of an evaluation process and the leader's criteria for compliance to the program was very vague. I have since left that organization and joined one that required me to go though 50 hours of training in domestic violence. During this training I was informed that in cases of domestic violence anger management classes are not as effective as batterers intervention programs.

I am in favor of requiring broader training requirements for those who are registered counselors as well as continuing education classes.

I am a Licensed Professional Counselor (LPC) and Certified Alcohol and Drug Counselor in Oregon, but I work part-time at Clark College In Vancouver, WA, as a counselor. So I've been educated, tested and interned, just not in Washington state. I just want to make sure the Task Force is aware of people like me.

I took the survey and wondered if this Registered Counselor's survey includes Hypnotherapists. I am not (I don't think) registered as a Counselor in WA, just a Hypnotherapist. I'm confused. Does WA consider it the same thing?

I never actually call myself a Counselor other than Spiritual. I am an Ordained Minister.

I also saw that the Survey does not asked if a Counselor is continuing Education other than the kinds they listed. As a Hypnotherapist, I go to the Oregon Hypnotherapy Association seminars for additional (continuing) education every 6 months to a year. So the survey was not specific enough.

I have worked as a case manager, on the job training, for (developmental disabilities and mentally ill, in a mental health clinic a few years ago. I can recongnise a metallly ill person. I've known allot of them.

Because of my mothers mental illness since I was 14 years old, I have studied Mental health for over 30 years. But I do not work as a mental health counselor. I will not do that. Many of them may need medications and I always recommend they see a professional.

What I do is most is help people stop smoking and things like that.

I was really wondering what this is all about and if it will harm my practice. It would be a dream come true to get a degree in Mental Health Counseling but I have never had the money to go for it. Nor do I know what to do to try. In spite of that, I do have continuing education.

Statistically I am sure that the people that are in positions in which they lack sufficient training and experience are not going to be completing the questionnaire. It would also appear their Supervisor, that has already hired an unqualified individual, would not be raising their hand.

I happen to be a hypnotherapist and your list of WA licensing categories did not include hypnotherapy. I would venture to guess that over 85% of the hypnotist also have the registered counselor credential.

I would also think it would be helpful to know the education level of the various Counselors. Even if they do not have degrees in applicable areas a Bachelors or Masters **in anything** says the person has at least played the game.

The loose cannons are the ones that need to be stopped. My entire practice is focused on helping people quit smoking, however I can certainly see the vulnerability of so many of my clients. Especially women.....that are ADD, bi-polar, alcoholics, drug addicts, over-weight. I am beginning to think that there are not any normal people still smoking.

You have to start somewhere to get this Counselor issue under control so please do not take my thoughts as any type of negative or distraction to your efforts.

I have been a registered counselor in Washington State for seven years. Prior to that I was a Lieutenant Colonel in the US Army for 22 years doing the same kind of job I do now (some of that time was in Washington State). I didn't register while in the Army because Madigan Army Medical Center at Fort Lewis credentialed me to do what I do.

What I do is use biofeedback and other behavioral interventions for psychophysiological disorders such as headache and other pain problems. I have a doctorate in psychobiology from New York University and have been active in research and clinical work in this field for over 30 years. Please see the attached CV for a list of publications, research grants, and work experience. I have been a leader in this field for years and last year was president of the international association which represents the field (the Association for applied psychophysiology and biofeedback).

My doctorate in psychobiology is not in a licensable area as there is simply no license for people who specialize in applied psychophysiology. Many people who incorporate various psychophysiological tools into their practices include physicians, nurses, physical therapists, social workers, masters level counselors, MFTs, and psychologists. I don't fit into any of these fields so can't get a license. I emphasize that I'm not a psychologist with a subspecialty in psychophysiology. Rather, I am a doctoral level psychophysilogist.

When I retired from the Army, I needed some credential to practice in Washington State so I wrote to the health department, gave them the above information, and asked what to do. They said to register as a counselor. So, for the past seven years, I have been a registered counselor.

The areas of Biofeedback and Psychophysiology I practice are no longer considered alternative medicine or experimental by the US Government or by many medical associations. While this has become an accepted profession, it is not licensable here. In fact, there is no provision in Washington State for credentialing people who have appropriate training and experience in clinical fields not licensed in Washington State other than the "registered counselor" basket.

Based on information provided in the 21 June form letter I received from Lauie Jenkins and the summary of 22 June meeting, I am deeply concerned that this registration will be changed in such a way so I fall through the cracks and have no way to be credentialed.

I urge that the Department of Health provide a way to credential clinicians who are appropriately trained and experienced in fields which are not licensed by Washington State.

I had both Certified chem dependency counselor and certified chem dependency nurse. When I semi-retired, 6 years ago I let the cert chem dependency couns. go as I felt it was too costly to keep up both and I was working under certified chem dependency nurse which was/is much improved salary. This certification allows me to be more "versatile" as a nurse. So I still maintain the counseling licensing.

I am glad to see that the state is investigating the merits of the Counselor Registration requirements. I have long been concerned that the state abolished the certification level and left the registration level in place with basically no requirements. I have watched people advertise their services as a registered counselor whom I know have no college or work experience. I don't think the public is able to determine the merits of a person who advertises in this way. I would like to see the state go back to the certification level where you have to have a Master's degree from an accredited college in Psychology, Counseling, Social Work or a closely related field.

I was disappointed that there was no room for personal feedback. I understand that in an effort to streamline a very large field of data, so few questions were asked, however I would like to say the following: my colleagues and I have heard rumors about the possible "sunset" of the category of "registered counselor." It took eight months of inquiry--including questions to lobbyists--to find out that this was a real possibility. Then there was the series on counselors guilty of various types of harrasment. And now there is the August legislation on distinctions between supervisor and consultant.

It seems reasonable to make a number of distinctions, but I believe in fairness to those of us who are educated and ethical, there be an interim designation of some sort,e.g., registered MHC or CCFT. By designating the type of registration and combining the requirements as part of that, many properly practicing and credentialed counselors could continue work toward licensure.

Being under supervision in an agency is the most expedient and least expensive way to earn the hours needed, however, while helping find work in an agency is not part of any school's obligation to provide (as I have been told repeatedly), I question any institution's continued flooding of the marketplace with post-graduates in a field where there certainly are not, say, 300-400 positions available. If legislation were to be enacted that proved more of a hardship in findind a job as a legitimate mental health counselor, couples and family counselor and/or dual diagnosis counselor by lumping us in with all other types of registered counselors, society would be the poorer.

I just talked with a King County Officer that has known me for over and what I do for over twelve years and he told me something that I was unaware of, and that is that when I have been called to situations that require my professional intervention with long term clients there have been several times that not having the card might have disabled me from entering situations where my clients were involved and having look over the last two years of my responses with the police of several communities, one thing has become significantly clear, without the card that you provide, several of my clients would have been denied my access to a number of situations! Although rarely requested, that card has most often been utilized, when I have been called to situations at my clients request where either police or hospital security is involve! Since most of these situations occur at this time of night and are either police or hospital security calls that I am responding too, this card has proven to be a major benefit to me and the public. Because I provide an ill defined public service! I am having a problem understanding why, after several years this issue is being presented! Has a compliant! Since I have not had a situation that should provoke this type of inquiry, I am sincerely confused!

I am a registered counselor, but do not practice in the field specifically; instead I use my counselor background in my practice as a collaborative law attorney. Your taskforce sounds like a great idea, and I will try to attend your next meeting if I can get the time. I was (and remain) pretty confused about the qualifications and definitions of the various types of counselors which can be labeled "registered". Attorneys have a state bar to govern them which gives a lot of guidance; so I was surprised when I found counselors did not have a governing agency with similar functions. Thank you for your good work, hopefully the counseling profession will ultimately reap good benefits from this group.

I am writing this letter because I have some great concerns regarding the letter I received from the Department of Health addressing the Task Force for Registered Counselors.

My concerns are these;

- 1) My clients are people who cannot afford the "sliding scale rates" of licensed counselors and use my relatively free counseling service which is Christian-based.
- 2) If only licensed counselors are permitted to service the public, that would mean people such as my clients would not receive the care they rightfully deserve.
- 3) I am wondering if this review had to do with the news investigation of Registered Counselors?
- 4) Is this review prompted by other mental health professionals concerned that those of us who are Registered Counselors are "taking business" from them?

My concerns are valid and I am sure many other Registered Counselors feel the same. What we do is valid and necessary work.

I would like to know how the Registered Counselors were chosen to represent us at this review in Tumwater?

I also would like to know why I received this notice of a review meeting on July 7, 2006, that shows the first meeting taking place on June 22, 2006 (in other words, after the fact of the first session)?

I have no problem reviewing a system that may allow unqualified people to counsel, however, I am very much against those who would take valuable people away from counseling positions that do much good in their clients lives.

Holding a Teaching Credential and Certification from another state, I counseled students who came to me. I have volunteered in programs where I counseled women in a Welfare to Work Program. I now counsel people at my church and online. I cannot afford to go back to school and finish my MA (I have an equivalency MA) and get a license.

Considering I hold a BS (Behavioral Science and Psychology), I have taken extensive courses in the subject and have gained a great deal of hands-on experience through my career and volunteer jobs. I keep updated through professional publications.

I would greatly appreciate my views and concerns be addressed by you and at the next review meeting.

I have been in private practice for nearly 20 years as a registered counselor; and I am listed as 'No Action', which is true.

Please be careful. There are those of us "out there" who have been providing an income for our families, honestly and morally, for decades --without any offense. We have hordes of people who repeatedly seek our counsel when they have need. Therefore, as you decide how to handle the future of this credential, you must keep in mind the existing threat brought to bear on the "good" side of this service. I understand the Governor's desire for better public protection, but when legislating protections from the "top - down" more harm than good is possible. Whether psychiatrist, psychologist, certified or registered, offending providers can not be legislated away. This is an issue about moral and professional integrity, which, as you know too well, can not be managed with legislated structures.

I offer these suggestions.

The State of Washington already has a required disclosure. Is there some way to enhance the department's "warning" to prospective clients regarding registered counselors? The efficiency of 'buyer be aware' has always been best.

1. Declare a grandfathered demarcation for those of us who have served without offense. But don't cut off those who have served honorably. This action will send masses of people toward higher credentialed folks who in turn will increase their rates; this in turn puts pressure on the insurance providers.
 2. Require supervision and continuing education.
-

You need to ask the thousands of alcoholics who are alive today because of the dedication of chemical dependency counselors. The so called "mental health" folks put an emphasis on their theories, the chemical dependency counselors used to base their approach to addiction on the proved basics of the program of Alcoholics Anonymous. I consider myself alive and in good health today at the age of 78 to a man who was a chemical dependency counselor at Shadel Hospital in Seattle in 1969, a man who was able to recognize the symptoms of alcoholism in a registered nurse who was working in one of the major hospitals in the city at the time. I have worked with other counselors in the former North Rehabilitation Facility in Seattle who could spot which inmates or visitors were under the influence of a mind altering drug, which drug, and estimate the time and amount of last use. One of these men had been an inmate, the man in charge had been a former inmate in Oregon . These men knew how to reach the young men they worked with as no "mental health" worker ever could.

I also understand very well that the political climate today favors refusal to recognize addiction as an inherited problem because some in high places suffer from denial of the disease in their own families. I am now retired and watch the rise in the insanity that followed the decision to turn over the care of the alcoholic to the "mental health" worker. I say insanity because we now have a test which can be given to a newborn infant just like the PKU test to determine probability to addiction. I say insanity because we now have the remedial diets and food supplements that can prevent both alcoholism and also the mental retardation in Down Syndrome infants if fed to them early enough and consistent enough. I say insanity because the alcoholic has long been a victim of those who work him or her in or out of the criminal justice system and benefit from the disease.

And I also understand that this letter is most probably falling on deaf ears, that the final decision has been made long before the survey just as the final decision was made years ago regarding a task force I was part of for juvenile mental health.

There is no such thing as mental health, there is mental illness which is genetic much of the time and which can also respond very favorably to remedial diet in the young. I say this as a graduate of St. Elizabeths Hospital in Washington, D.C., the former federal institution for the mentally ill.

I have worked at my job for 13 years, a chemical dependency agency. Our director had me get my RC in 2003 or 2004 can't remember for sure, he retired at the end of September. Since the people that are now in charge don't understand all the law's involved with RC's, they have limited what we the RC's can do. My only issue with this is I and some of my co-workers can not obtain our training hours.

So my point in writing to you is to support what you are doing and let you know some of the RC's of Washington State would like things alot clearer as well. I filled out the survey and look foward to you all making the right decisions for us. Please feel free to contact me if you would like.

I have worked as a counselor for nearly three decades in the state of Washington. I have my B.A. from Evergreen state, emphasis area in Psychology/Nonverbal communication, my M.A. in Organization Development (psychology of organizations) and my Ph.D. in Human Development (both from Fielding Institute). I worked in my twenties for drug and alcohol rehab centers and have spent the last 18 years in my own private practice. In addition to maintaining a small counseling private practice, I have written a "Dear Abby" for the workplace column for 11 years for The Seattle Times and the column, "Interpersonal Edge," was internationally syndicated last year by Tribune Media in Chicago. The column now goes out to 20 million people coast-to-coast. I also do management consulting in organizations and executive coaching where I teach communication skills for companies. My first book was published this March by Hay House, "Interpersonal Edge:

Breakthrough Tools for Talking to Anyone, Anywhere, About Anything." I've also worked at Channel 13 (KCPQ) as their "Workplace Guru," for the last year doing a weekly segment on dealing with people at work. The KCPQ segment resulted in my getting an offer from CBS Paramount/King World in L.A. to sign a development contract to develop a national talk show on dealing with interpersonal issues at work and at home. In addition, two weeks ago I was the keynote speaker for your very own Department of Social and Health Services Children's Administration first state-wide conference. I have also had over 18 years of personal therapy as I believe strongly that anyone involved in the field should have done at least a decade of solid deep-level therapy.

If you are going to be reviewing the professionalism of the registered counselor category I think it's important that you hear from some of us who have been competently, quietly, and consistently earning the respect of our peers and the public since before there was a credentialing process for counselor in Washington. I think it is important that you also know many of us have advanced degrees in psychology and many decades of mental health counseling experience under our belt and thoughtfully decided to not pursue further credentials with the State of Washington.

When I first started working as a counselor in community mental health there were no certifications for counselors in the state of Washington. When I graduated with my Ph.D. I also had a successful private practice working with normal neurotic adults and a waiting list for my services. I talked extensively to my American Psychological Association approved graduate school and to my fellow colleagues who graduated before me. They advised me to not pursue a psychologist's license in the state of Washington for three reasons: 1) My liability insurance would be very high 2) I would be required to take classes (other than the classes I consistently and voluntarily chose to take) to keep my licensure. My colleagues that had received their psychologist's license told me that these classes were expensive and often not useful 3) (most importantly) I would have to close my practice to do the internship and finish the credentialing process. Thus though my education would have qualified me to apply for and test for the highest credential the state of Washington offers, I decided it did not make good business sense.

The registered counselor category has allowed me to continue to work in the field of mental health providing nearly 30 years of quality services to the public. If you look at my record with the state of Washington, you will note that I have not had a single complaint from a client during these nearly 30 years.

I believe we all get into this profession because we passionately would like to make a contribution to alleviating human suffering. If you look closely at the over 17,000 professionals who are part of the registered counselor category I think you will find many other well-educated, competent counselors who have been part of this profession since well before there were certification categories and who decided that continuing to do the work they were already doing was a higher priority than undergoing the credentialing process.

We all are only given so many hours on this earth. Obviously it makes good sense for people just coming into the profession to finish the credentialing process that is in place today as part of their education. However, for those of us who were already actively working effectively as part of the profession, I believe you'll find many of us felt it was more important to continue to do the work we love rather than put the work we were doing on hold to pursue additional credentials.

If the state of Washington looks closely at the registered counselor category, I would encourage all involved to give weight to the decades of experience and satisfied clients that many of us in this category possess.

Many people in this category are probably similar to me in blending many fields and areas of expertise into their work. The public cannot help but benefit from counselors who have multiple areas of interests and background.

I've had many corporate clients tell me that I'm the first consultant who helped their personal life and I've had many private therapy clients tell me I'm the first counselor with enough business savvy to have improved their career. Even Sigmund Freud and Carl Jung, two of the finest pioneers of psychology, stood outside of their established professions and broke new ground by introducing new methodologies and thinking.

I know that through my counseling, my consulting work, my writing, and now my television platform I will continue to work to help people improve their relationships with themselves and the people around them. If you delete the category of registered counselor, you will only succeed in losing any control and authority over a large group of counselors in the Washington state area. I believe most of us would simply shift our business title to "life coaching" and continue to run our business but you would no longer be able to watch over the well-being of the public we would continue to serve.

Thank you for taking the time to read my letter. I know we all share the goal of providing the public with competent and useful mental health services.

I'm a Registered Counselor and have been practicing for nearly two decades. I finished my Master of Arts degree in Psychology in 1993. Most of my contemporaries went on to work in post-grad "externships" to earn client service hours and to log supervision to qualify to sit for the state certification exam. Unfortunately, I had to take out substantial loans to finish grad school and could not afford to work for free once I got my degree. The jobs I took were under the supervision of RN's and social workers, so certification wasn't really an option. My employers have been more interested in hiring people with education credentials and experience, not licenses of one sort or another.

As a professional and consumer of counseling services, I have to differ with the Task Force's assertion that the state needs to give confidence that people know what they are getting. There are plenty of regulations on misconduct and ethics violations. The DOH does a fine job investigating complaints and revoking or restricting registrations where appropriate. As far as quality assurance, the state can not offer any guarantee that any given counselor will be effective with any given client. The disclosure law is adequate to provide consumers with information they need about a counselor's expertise. Beyond that, a consumer himself/herself must decide if a counselor is helpful or not.

At the very most, Washington State needs to do a better job of educating the public about the licensing statutes and encouraging consumers to ask questions of their counselors about experience, expertise and techniques. The last thing they need is another level of state bureaucracy to supply them some misplaced confidence in their counselors.

Finally, as far as Medicaid recipients are concerned, I do agree with the Task Force that they represent a vulnerable population. Given that, I believe individual mental health centers and the county governments they contract with are MORE than capable of judging the competence of counselors they employ. These agencies perform miraculously with ever shrinking resources. Please don't tax them even more with further QA procedures and other hoop-jumping their clinicians would need to perform to conform with even more state guidelines.

That Seattle Times article was concerning but alluded to some wildly inaccurate claims. Please don't give in to that sort of fear mongering.

I am a registered counselor who is currently working on my degree to become a Chemical Dependency Professional and just wanted to say that I completely agree with your board recommendations.

I currently have my required 2,500 hours of internship completed and am currently finishing up my degree at Pierce College. The first out-patient treatment center I worked at was like being thrown into a lion's den. The only concern was money. I left that facility and went to an in-patient program which I owe a great deal to for their training and patience.

I have also walked into facilities where counselor's have stated they were CDP's but let their credentials laps and are now only RC's. This does frustrate me a lot. I believe all counselors should be held accountable. A lot of use especially in our early internships act as though we're savior's and have no boundaries, get emotionally involved to the point of feeling responsible if a patient relapses. Fortunately with the training/guidance I received during my internship I now have good boundaries. I feel that individuals should be required to take certain courses in law, ethics, boundaries, etc prior to becoming a registered counselor.

I also feel they program should be more closely monitored for individuals who portray themselves as something they're not.

I am in receipt of the June 21st letter from your department regarding the Registered Counselor credential survey and task force meetings. Needless to say I am shocked and dismayed that our governor is entertaining notions that the profession is not worthy of continuing. Attending one of the task force meetings would require that I take time off from work and travel, therefore I want to assess the level of relevance and potential impact my attendance might have. Having never attended this type of meeting, I am unsure what to expect. Would I be given the opportunity to express my views at this meeting, are there likely to be other registered counselors doing the same, and will our comments carry any meaningful weight in the decision-making process? Thank you in advance for your insight and comment.

I am a WA State registered counselor. I am 67 years old, have a Bachelors degree in Pastoral Counseling from Gonzaga University (at the age of 57), an M.A. in Culture and Spirituality from Holy Names College Sophia Center/Graduate Theological Union at Berkeley, and have for too many years to remember held a Certificate in Spiritual Direction, from a Benedictine Monastery. I have worked part time for approximately 35 years, offering pastoral counseling and spiritual direction + small and large group facilitation and retreats, mostly in the Catholic Church. I am presently employed part time as a professional hospice chaplain and volunteer coordinator. My registered counselor license is required for the chaplaincy.

I have always been concerned about the easy credibility offered by the title "Registered Counselor" in Washington State. The reasons for my concern are probably obvious to everyone on the committee studying the issue. The public is confused about the classification, and both supervision and educational requirements are grossly lacking! For the sake of counselors and clients, it is my hope that some sort of standardized qualifications will be mandated!

In filling out the questionnaire, I did have some concern about the question regarding full-time employment. I have had only one year of full-time employment, and that has been by choice. In that one year, I attained a lifetime of experience, working among the Oglala Lakota in the Wounded Knee District of the Pine Ridge Reservation, in S.D. I have significant experience working with Native Americans, Latinos and African Americans. (And now that I am thinking of it, I have had two years of full-time experience, the second as a volunteer paralegal with the King County Public Defense Attorney office, working as part of the Jesuit Volunteer Eldercorps social justice project. During that year, I worked with women at the King County Jail, helping to prepare women for hearings.

And so . . . I wonder what your committee will do with the likes of me?!?

The survey for certified counselors does not allow for clarification of responses. I feel that these comments need to be added. I have two Master's Degrees and nearly completed the doctoral in clinical psychology. I attempted to become a certified chemical dependency counselor, however, that department would not accept credits which I had earned in psychology for courses directly related to the field of substance abuse, because they were not specifically labeled as being for "drug and alcohol counselors," even though they were titled

"substance abuse," and "psychopharmacology and neurology" which are areas which are intrinsic for substance abuse or chemical dependency counseling. This, given that I have over 3000 hours of supervised experience in the field. Combining this with mental health experience would result in a "dual diagnostic counseling specialty," which is not mentioned in the survey. The other area in which I had been working, independently, was as an "ethnic minority," or "special populations consultant" for which there is no certification and for which training is being conducted, at the present time. I was initially asked by Beverly Miller to conduct a segment of the training, given my cultural status (Native/American and African/American) and the opportunity disappeared. I have attempted to contact several persons, at the State level, in regards to this situation, to no avail.

Hi -- I just filled out the Registered Counselor survey, and wanted to add some details. On paper, according to the form, I look like a high-risk fly-by-night practitioner. But I got the credential because I have been a certified clinical hypnotherapist, with about 500 hours of training, for 9 years. I have a master's degree from Stanford, and have been interviewing and listening to clients as a journalist and corporate freelancer for 30 years, skills which have transferred well to helping hypnotherapy clients. So the questionnaire can, in some cases, be slightly misleading.

I have not filled out the survey and will not do so as it is currently laid out. I don't feel I can adequately represent myself or my work given the answers that are available for the multiple choice questions. While, I am sure every one has the best of intentions and I know that the task force is a lot of work for lots of people, this survey is slanted against registered counselors.

I apologize in advance for using this crude example, but it is the best thing I have been able to come up with. Some of the questions take the form of "Have you stopped beating your wife?". There is no way to answer this question without incriminating oneself. Some of the questions on the survey are similar.

There is no where for me to respond that I have a lot of training, which I do, since I don't have a degree in counseling. What I do have is a masters degree in business administration and years of counseling training with MSW's and Psychologists. One training I did was over two years in length. The other was 4 years. They both involved extensive supervision and follow-up with the trainer. In both cases, I was asked to TEACH the work at the end of the trainings. If you would like letters attesting to the quality of my work, I can provide them for you.

Please pass my concerns along to the committee. I have a tricky schedule (I am self-employed!) and while I would like to, I may not be able to attend the meetings.

I have just completed your survey and found it somewhat lacking.

It seems to be already pointed to licensing as it doesn't take into consideration that a counselor may have many years of training in various personal growth and other alternative therapies and also have many years of doing effective counseling with high ethical standards.

This is my case where I also hold a ministerial accreditation with coaching and mediator training and many years of study with several mentors. Beyond my original college training I have the equivalent of ten years of various training experience though I have not received any particular degree for that study. I am in my early 70's.

I realize that as the RC status now is quite loose that it also leaves room for less qualified or even very unqualified people to manipulate unknowing clients. Finding a method for allowing well qualified people to use this license is difficult because of its broad range.

I always have given new clients information on their rights, explain what I can or cannot do in working with them and use very wholistic techniques. I want my clients to grow, solve their problems and live healthy integrated lives in society. I will not work with anyone whom I feel is beyond my capabilities or who has doubts about my work being right for them.

Thank you for your work to clarify and strengthen the system of counselor registration.

There are several areas that are worthy of comment, but I will limit myself to one area of concern: Education requirements.

First, a person with a Phd in Clinical Psychology with no supervised counseling training or supervision, is no more qualified to counsel than is a person with an AA in psychology.

If there are to be educational requirements they should be in the form of supervised counseling training. Understanding the academics of counseling is not equivalent to hands-on counseling, and the feedback of a good supervisor.

It is my hope that the registration process will focus on protecting the public from abuse and dishonesty, and not cripple the mental health system with needless standards of education.

Though I've been a certified Peer Support Counselor since they began the certification process a couple years ago, I've been providing Peer Support for parents of children with mental health diagnosis for almost 6 years now.

I had a Parent Partner (before I became one) and I can't tell you how wonderful it was! I felt like I could vent without worrying about running off yet another friend..and sometimes that's all we need to feel better....just vent. I was also empowered by knowing that someone else had similar struggles...I wasn't alone. So often it's the isolation, not the problem, that cripples. I thought, "If my Parent Partner could advocate for her son like that, rather than become swallowed up in silent rage, then so could I!". Knowing that I could rely on someone who had previously navigated the mental health system, motivated/enabled me to begin accessing community resources so I 'could' help my son in every possible way.

Now, I'm helping to encourage other parents who are isolated, angry, confused, frustrated and burned-out. So often the parents I've worked with have shared how our interaction has helped them in one way or another.

I feel it would be very beneficial for the Task Force to compile and review anonymous letters from those who have benefited from having a Parent Partner/Peer Support Counselor in order to truly see the benefits that such a service provides.

I have 30 years experience in working with ASD and other childhood disorders. At the time I started at children's Medical Hospital the Educational requirements was a two year degree in related field of human development or Early Childhood Education. Through the years this requirement had changed to four year degree at which time I was Grandfather clause into during my years of employment.

I worked at Children's Bellevue Clinic. Extensive experience in developing treatment plans, treatment and school reintegration, program planning for children with behavioral; and emotional disorders (e.g., opposition defiant disorder, conduct disorders, attention deficit/hyperactivity, autistic spectrum disorder, psychosis, conversion, anorexia, syndromes, hard of hearing and developmentally delayed.) In addition I worked in Inpatient Psychiatric Unit at CHRMC as a Pediatric Mental Health Specialist. Extensive experience as a parent educator, assessment and treatment, and school reintegration for children with behavioral and emotional

disorders. I am a co-developer of a summer school program for ASD (autism spectrum disorders) children basted through Children's Bellevue Clinic. I also was a primary lead on the crisis response team and responsible for phone triage to determine needs for stabilization , community crisis outreach and was invited to do presentations to schools and organizations on the topic of intervention strategies for children displaying challenging behaviors.

I have been a register counselor for 10 years and now have my private business. After leaving this medical setting I am working with families in their homes and school agencies, contracted with DSHS , DDD , Catholic Community Services, Family Law CASA of King County and private clients. I have earned a positive reputation in the Seattle, Kirkland, Tacoma and Bellingham area. I earn \$70,000 a year and provide a service for families who have autistic children whom have challenging behaviors at school, home and community. Autism is my forte, challenging behaviors is my forte. I have learned a strong work ethic and have not had one complaint on record. I have many referrals from the best respected expertise in the area of autism who is affiliated with Children's and the community with well-known Psychologist and Psychiatrist whom actually did their training on the Inpatient Psychiatric Unit during there internships.

I currently work at CHILD School on Mercer Island as a consultant. CHILD school is well-known and the currently have 60 challenged students is the autism spectrum or who have other difficult childhood disorders and are unable to attend the community based school I pride myself in developing my forte and level of expertise in dealing with challenging behaviors, providing direct treatment services to children who have pervasive developmental disorders, developmental disabilities, severe conduct problems, and serious emotional and behavioral disturbances, in outpatient, residential and school settings. I have extensive experience developing and implementing behavioral intervention program with children who have serious deficits in cognitive, language, self-care, and impulse control skills, high level of aggression, and ;or serious self injurious behaviors.

I have attended National conferences have been invited to participated in presenting at several conferences . I am very dedication and passionate about my service work, proven ability to gain clients confidence and trust.

If I am unable to do what I do and registered counselors are dismissed. I will lose everything that is importance to my services and what I have been trained to do.

Please forward this letter to the appropriate persons to review and contact me if there are any questions I can supply. I cannot make it to the forums due to working but looking forward to attending the one in August. Please forward this to the appropriate person to review.

Can I be Grandfather in past on my record documentation by the state of ethics.

Unfortunately there was no room to add a comment on the survey thus this email. My situation is a little unusual. I was issued Registered Counselor status on 9/28/88 and continue to renew it so I can provide support services after traumatic incidents for Employee Assistance Programs, businesses, schools and DSHS. In September, I went to Biloxi, Mississippi after Hurricane Katrina to work for an Employee Assistance Company providing support for businesses there. Without the Registered Counselor status, I could not do this work.

Of my 15 years working at mental health centers (3 in Indiana and 12 in Washington), I spent from 1983-85 as a full-time therapist on a crisis unit at a community mental health center. The other 12 years was in mental health education. In 1995 I became self-employed and do training, presentations and some trauma response work. I have done over 400 Critical Incident Stress Debriefings for emergency services personnel, businesses, schools, government.

Although I do not have a supervisor, when called out for Employee Assistance Programs, I have to follow their guidelines and do quality work or won't get called back. Same thing when I provide the service through my

business for DSHS and other government agencies like the U.S. Forest Service. My work with schools is as a member of ESD 114 Regional Crisis Support Team and we do an operational review when finished to look at lessons learned and possible ways to improve.

In addition, I take training to keep up my skills and have insurance so I can do this type of trauma work. I do not see clients on an ongoing basis. After the debriefing services, people needing further support are referred to therapists.

Hope this helps.

I would like to add some very important information to the survey about how I implement my work as a Registered Counselor.

I am a spiritual and well being guidance counselor. I have many satisfied clients, though I do not have a degree in any kind of psychology. I have studied alternative healing modalities, belief systems and quantum physics for years -- the applications of which I have found to be unparalleled by the topics and classes taught at the accredited colleges and universities in Washington State. I have read over 100 books, taken countless hours of seminar classes and done my own deep introspection to arrive at a place where I am valued as a counselor. Two years ago, I spent 3 months researching whether a Master's in Psych program in California that taught the alternative methods I use could be given a WA State MHC license. I interacted between faculty at the university and the WA DOH attempting to match up the requirements of the MHC or MFT degrees to my preferred avenue of study. In the end I found that I could not meet WA State's requirements.

The Registered Counselor certificate was a huge window for me into a world where I could legally use my skills without having to relinquish my abilities and training for a WA State program that did not at all meet my needs or expectations as a student. The RC license is the only legal avenue I have that enables me to openly continue the work that I do. If you were to make guidelines too limiting or to cancel the program in it's entirety, I would be out of a job.

Thank you for your time and consideration. Please forward this letter on to Laurie Jenkins or anyone else you may feel appropriate. If you have any other questions, I am be glad to be of service.

suggestion ; maybe you would consider the following; registered counselor ;dependenency counselor lic. counselor; advansed degree lic. coueslor canidate under grad degree with experience/working on advanced degree.

I am a therapist in private practice. I don't know how representative I am of registered uncredentialed counselors, but I wanted to share my situation in case it is useful.

I have been in private practice, seeing low-risk individuals and couples, for over 25 years. I have been registered for the past 21 years or so. I have a full time practice, with a waiting list. I do long-term therapy on a wide variety of issues. I am just finishing (next week in fact) a three year Doctoral program in somatic psychology, and I will be embarking on the disseration process in the fall. I specifically did NOT pursue the licensing track in this school, because it isn't needed in Washington state. I have a long list of continuing ed. credits, a long list of trainings that I have successfully completed. I also have my massage license, and do hands-on bodywork as needed.

So, I have extensive training and education. I have a thriving, established practice. And, I am not certified or licensed in any way as a counselor or therapist. I am only registered.

I am someone that could be badly impacted if there were educational or licensing requirements imposed on this profession in this state. We have registration, unlike many states, because it has not been required that people have a license in order to practice.

It is clear from the notes of the first meeting that this is a complicated issue, and I thought the list of relevant topics and distinctions were clear and fairly thorough. Best of luck with the work, and let me know if I can be of any further assistance.

There are a few comments I would like to make, however, given the eleventh hour nature of this reply, I will make these comments based on what I feel are the highlights from the meeting minutes.

Clarification, we are discussing the value of the people doing the RC work, not the credential itself.

I am very pleased this discussion is taking place with "**the value of the people doing the RC work**" as the emphasis. I am a reflexologist and have been practicing reflexology for two-and-a-half years. In addition I am a Registered Counselor - a credential I take VERY seriously and utilize with the utmost of seriousness, respect and professionalism. As such, I have developed a practice that incorporates and utilizes counseling as a natural adjunct to reflexology.

Who are RCs serving? These people will be affected by our decisions.

My clients are predominantly women between the ages of 30 and 60, with just a handful of male clients in the same age range. These clients have placed their trust in me and have shared their most personal issues and concerns in our sessions. Most of my clients are weekly or biweekly clients and would experience a significant disruption in their processes if I were no longer able to support them and provide them with the guidance they seek.

There is confusion among the public about registered, certified, and licensed.

This "confusion" is not uncommon and is found in many fields. Nursing, for instance: RN, LPN.

The overall issue is how do we appropriately protect the public.

Everything else, I agree, is secondary to this most important issue. In my opinion, there should be a regulating board within the field itself, comprised of RC's that review complaints and concerns filed by the public and then subsequently report it's findings to the state. This would effectively create a sharing, in regards to the onus of responsibility, with the state and hold the RC's themselves responsible for the conduct of those practicing in the field. A state oversight committee could be implemented if it were deemed necessary as an additional measure.

I must say, however, that articles that appear in the local newspapers that focus on the mystery and "dark side" of any profession are going to incite fear and cynicism in the mind of the general public. This is a cheap shot used by writers to present titillating angles that "sell" newspapers. While the information is true and accurate, it is imbalanced and doesn't properly portray the legitimate aspects of, and the honorable practitioners in, the field. Sharing the full picture in a news article is vital for the purpose of giving the general public the needed facts to make an informed decision and know what questions to ask. in order to pursue a course of action that makes the most sense for the client.

There is confusion from the citizen point of view. Registration is a meaningless category.

While I agree there is confusion, Registration is NOT a meaningless category. You are on record with the state. For those who are practicing their profession with integrity, it provides a credential that inspires confidence in the RC. Lastly, for those who have a natural ability to counsel and are asked to do so by their clientele, it would be a travesty to remove this credentialing - it would only hurt the profession.

Thank you for your consideration.

Please also share the following with the task force: In 1969 I took my infant son for a viral infections to an 'unlicensed' practitioner, and ND, who practised in a small second floor office on Capitol Hill. It was a word-of-mouth referral as he was not able to advertise, I believe, at that time. My son found immediate relief and was healthy for the remainder of his first year (and beyond). The practitioner's name was John Bastyr. Washington State is now known around the world as the home of the esteemed school, (John) Bastyr University. Washington has a history of nurturing competent alternative health providers.

The licensed counsellor's at the Developmental Movement Center could be in the position that John Bastyr was in 1969 if you were to narrowly define the Counsellor's License to a limited number of Master's Degrees. Our successful and renowned work in England and their openness to our vision is testament to the quality of our work. There is no Master's Degree that can be acquired in the field of Developmental Movement Therapy in the State of Washington. Thank you for your additional consideration.

As many registered counselors provide tremendous community services it is only logical that our efforts be recognized - as other health workers are.

The task force will, hopefully, support the registered counselor profession with the addition of required education and experience.

After reading the minutes from the Task Force, it is unfortunate that you didn't ask a question about why someone has not pursued licensure (e.g. do they not have the ed. requirements, supervision available etc.). I have been quite frustrated by the licensure procedure - let me explain. I have been registered as a counselor in Washington since registration was first implemented in the 1980s. At one point, I could have been automatically "certified" when certification became available. I was out on maternity leave and although I sent for my transcripts etc, and completed the form, there was some type of glitch and it was not sent. Since I was doing training (of counselors in Washington and around the country), and not seeing clients for awhile, I did not pursue this. If I had been grandfathered into the certification at that time, I would have been grandfathered into the licensure when that came about. A number of years ago I sent for the licensure information and called the DOH and was told that if I completed the form, documenting education etc and brought in the payment (\$75 I think), since I had been registered in Washington before X date, the law allowed me to become licensed without taking the test. I followed the instructions I was given by the person at DOH and drove down to Olympia from Seattle to deliver the materials and check by the stated deadline. When I followed up on this I was then told that the law had changed in July and this provision was no longer in it. HOWEVER, the law I was sent, and the only printed law that was available was the old law. I was told that the law was in effect, but had not been printed and was not available and that they were still sending out the old law, since the new one was not yet in print. Talk about a catch 22 - when I requested the new law and procedures, they sent me the old one - they said the old one did not apply, but the new one was not ready to be distributed, so they could only send the old law. I should have fought this, and at least received my money back, but the bureaucracy wore me down. Since then, I have just given up - the laws and requirements keep changing, and when I call DOH I get different answers from different people. I received my Ph.D. in Child Psychology in 1983 and have worked directly with clients off and on since receiving my MA in 1975. I have worked in some of the top programs ("evidence based programs") in the country, and have developed, conducted, and evaluated treatment programs. I supervise some of my agency's supervisors, train therapists and counselors in my agencies "Evidence-based Program" throughout the U.S. and in other countries, train supervisors in Washington State's Children's Administration throughout Washington, and am considered a "mental health professional" and "child mental health specialist" through Washington's Division of Mental Health.

I am wondering why there isn't a process (or if there is, we have not been told) for people like me (there are currently 4 of us in similar circumstances in my agency) to be grandfathered into licensure, or to > have different requirements. We have decades of experience - and in the case of people in my agency - we evaluate

our services and have a strong track record of providing effective treatments for children and families. As you know, a license and licensure does not guarantee high quality services. I train hundreds of licensed counselors, > social workers, marriage and family therapists who do not have adequate skills and who do not demonstrate the use of effective skills - and are less likely to provide effective, high quality services. I am hoping that either you, or the task force could address this issue - people who have earned their MA or Ph.D.s years ago, have years of direct clinical experience and for whatever reason did not get grandfathered in. What we need to know is if there is a process for having some of the new requirements waived. Can you send me the name of someone I could talk to about this - we have lots of questions (for instance, what if the supervision was done by a certified counselor before there was licensure and now that person is not in the field and not licensed?). When we call the DOH we either get people who do not have information, or who give us contradictory information. Thank you, if you are looking for anyone else for the task force I would be happy to participate.

I became a Registered Counselor after I completed my Bachelor's degree and had the level of education and training to enter the mental health field able to provide ethical and effective services to clients. I have since received Licensure, based on my Master's degree and level of demonstrated competence.

Frankly, it has always concerned me that employees of mental health agencies with little or no secondary education and the training that it provides could be considered competent to work ethically and effectively with clients. Employee's who have not received at least a Bachelor's degree, but have been, e.g., youth counselors or case managers for several years, should be encouraged and supported by their agencies to pursue higher degrees for the sake of standard of care to clients. In most cases, these types of positions involve or overlap into some level of clinical work which the employee is not trained to provide. Ethical and legal practices are often violated due to lack of training regulations at the Registered Counselor level. In other words, almost anyone can become a Registered Counselor by successfully completing AIDS awareness training, but misrepresent them self as a qualified mental health practitioner. Although, utilizing employees with little or no secondary education and training to provide counseling services may be cost-effective, it places the public's right to safe, ethical, and effective mental health treatment at risk.

I feel that it would also be detrimental to the public to discontinue the Registered Counselor profession because of the existing circumstances. Governor Gregoire is very wise to examine the laws and regulations and include us in her evaluation.

I'm a registered counselor and yesterday completed the on-line survey. Since it doesn't reflect my work at all and there was no place for comments, I thought I'd write to give you a more complete picture of the range of working professionals with registered counselor status.

For the past almost 14 years I have been coordinator for Women's Therapy Referral Service in Seattle. In this position I interview people looking for psychotherapy, assess and match them with suitable therapists, provide information about therapy, and coach them on how to effectively interview a therapist to make a good match. I don't do therapy; I state this with each client at the start of our meeting. My role is one of education and support to assist people to feel more comfortable about moving forward beginning therapy.

I have worked in social service & mental health jobs since 1978. I do not have formal education as a therapist; my undergraduate education included a minor in psychology and I did graduate work in English. But I'd always had an interest in the helping professions and volunteered in various capacities. This turned into paid work as a paraprofessional. I've worked in residential treatment with teens (including as a supervisor), inpatient psychiatric care (mental health specialist), community mental health (case manager, liaison & screener), academic psychiatry outpatient clinic (mental health practitioner), and social service agency (intake specialist for counseling dept.).

Since the survey focused on therapy/counseling related jobs, it did not represent my situation. I would never consider "hanging out a shingle" and calling myself a psychotherapist without advanced academic training. But I have worked in a wide range of allied positions in social service/mental health settings. In my jobs, I've had clinical supervision by a LICSW, PhD, or master's level person.

So there's a snapshot of one registered counselor, I hope it contributes to your deliberations. I'm happy to be of further assistance if it's helpful to you--to speak with you or be involved in some way in the task force process.

Oh boy, here we go again. Another waste of taxpayer money under the guise of protecting it's hapless citizens. We all know the game by now. We tighten up the certification process again so as to make even more difficult to meet the qualifications so as to protect the citizens and counselees to the point that only the current mainstream providers will get the majority of work and justify charging even more exorbitant fees, because of the expense and difficulty of obtaining the certifications. Fewer providers, more work for them, more expense to the poor taxpayers and counselees who can barely afford what is available now. So the mental health agencies are doing what happened in the teaching profession. Keep upping the certification process and the result is fewer qualified teachers. Even when we need teachers.

I am retired and no longer working as a paid counselor although I occasionally volunteer my services to the Red Cross or Dept. of Corrections. I have a Master's Degree and certification to be a Group Counselor and in fact a trainer of Group counselors. I also have a degree in secondary ed. I would also like to teach occasionally but to do so would mean I would have to go back to College to obtain a special certification. This is when they are begging for teachers and I could teach at the college level without any further formal education at higher wages. Does this make sense? This is why I see this task force as a waste of time. What you have in place now is more than sufficient. What is the guarantee? It is called insurance. No one in their right mind would go through the existing process to be certified and then risk a lawsuit to go out of the existing statute limitations. They could lose everything they have and or pay a fortune in insurance costs to practice. If you really want to serve the people of Washington well. Then find a way to get more people into counseling, smooth the way to their certification, and thus reduce the costs and therefore the fees so that victims can access counseling at affordable rates

This is an important task that you are undertaking. I am amazed that this "license" - registered counselor - is being offered with no educational requirements.

For example, the field that I work in specifically - has individuals that have law degrees or master's degrees in counseling or nursing or other related professions. We are required to be on a registry based on our credentials. People with "registered counselor" behind their names - and with maybe 5 years - of who knows what kind of experience? are on the same "qualified" list - primarily by virtue of this meaningless RC credential.. This is not to say that some of these individuals aren't somewhat qualified - but some are absolutely NOT qualified. Attorneys who did not have the 5 years experience were removed from the list - but some with nothing BUT experience - and no education - were left on the list and the reasoning that was used was because they were an RC. These individuals are charging fees that are equivalent to what professionals charge...based on their access to the list - and their RC credential.

What concerns me is what I have observed as sometimes - the lack of big picture perspectives - the blatant racism - classism - that many who are uneducated and work with those who *are* (and I mean clients) bring to their perspective of the client's issues, based on their own backgrounds or upbringings. They for the most part have no ethical perspective - or responsibility and frequently get caught up in the "drama" of the counseling profession - to the damage of the clients. The drama of being a "counselor" adds to their sense of superiority.

This position - the name counselor - has an implied authority that goes with it and a healing connotation - or at minimum discernment or appropriate judgment skills. Frequently these individuals are weeded out, but frequently they are not - i.e. the article in the Times. I do think that we are seeing more and more imposters today posing as something that they are not - in every profession or field of work - and this category invites that kind of abuse.

I think that you should either require a four year - at minimum - degree from an accredited university in a counseling related profession - or do away with the credential. A credential should be "obvious" - or clear to the user - what the name implies.

I'm glad to hear that the licensure is going to be reviewed -- such care will surely result in a better level of professionalism. One suggestion I would make, even tho I am too late fo formally participate in the survey, is that Continuing Education should be required for license renewal. I have always done annual CE, because I believe in it, but I've never understood why the State didn't seem to care.....

I have completed the Registered Counselor survey, read the minutes of the first meeting of the Registered Counselor Task Force, and I appreciate the complexity of the task before you. Because there is such variation in who we are as Registered Counselors in the state of Washington, I want to tell you about my private counseling practice in hopes that you will share this information with the Task Force.

I hold the M.S. and Ph.D. degrees in Child Development from Florida State University. My focus over my 35+ years of working as a child development professional has been to understand children's development and to educate parents and teachers in effective ways of interacting with children. My focus is optimizing the child's development and promoting a rewarding adult-child relationship. My career has included a variety of positions, including serving as a Louisiana university professor and department head, a consultant for the Florida State Division of Mental Health, a national trainer and speaker, an author of a book on parenting, and a parent educator for a Washington community college. I continue to work not only as a registered counselor but also in several other capacities where I can be an effective mentor to parents, teachers, and children. In 2001 I received an Outstanding National Educator award for this work.

In the 1990's several local physicans were enrolled in my parenting classes and shared their observations that many of their patients simply needed basic parenting education and support. They encouraged me to become a registered counselor so that they could refer their patients to me for individual parenting help. The need for this kind of practice soon became apparent, and I have derived much satisfaction from my work as a counselor devoted to parenting issues.

I believe that my doctorate in Child Development is ideal preparation for helping parents to understand and work effectively with their children. However, because my advanced degree is not in Psychology or Social Work, there is no licensing category which is applicable for the work that I do.

The word "counselor" is a good fit, though, as I work with a group of counselors and therapists. As independent practitioners, we include a clinical psychologist, several MSW's, and a LMFT. We meet weekly as a consult group, and I appreciate the diversity of education and experience that each brings to the cases that we discuss. I like to think that my perspective as a child development/parenting specialist contributes to the uniqueness of this professional group. I also welcome the opportunity to assist my colleagues who are child therapists by providing parent education and counseling to the parents of the children seen in therapy. Through our professional collaboration, we believe that we most effectively meet the mental health needs of the whole family.

Although there is a tremendous need for the kind of counseling that I do, I do not know the extent of registered counselors in Washington devoted to private practice dealing primarily with parenting issues. If there were such a category, I believe that my qualifications would be appropriate.

About 1995, I completed training as a Hellerwork Practitioner (similar to Rolfing, deep myofascial body work). At that time the State of Washington was moving to a new format for licensing bodyworkers. Hellerworkers were not massage therapists and so did not want to have to take the massage exam, so the Hellerwork Association along with Somatic practitioners, worked with the State of Washington to allow the Counselors license to cover Hellerwork. I work under this license.

(1) If I lose my Counselor's license, how can I be licensed as a Hellerworker (bodyworker) in the State of Washington?

(2) Will a 2nd form of license be made available to those of us who are not massage therapists, and yet who need to be able to get a business license to do bodywork?

Here is the Hellerwork International Association link if you have the time to look at it:
<http://www.hellerwork.com/>

I was licensed from 1987 until 1998 when I moved to Hawaii and let my license lapse. I recently re applied. I had to pay a fee for lapsed license, late fee, registration fee and another one that I can't remember. All in all it cost me a hundred plus dollars. I received my certificate in June only to find that it would expire on my birthday in July and I have to pay another thirty dollars.

First of all I find that entire experience patently ridiculous and tantamount to robbery.
Secondly I feel that the entire counselor registration is simply another way for the state to collect \$\$.

Virtually all professionals in the state are required to be certified under one board or another who regulate education, CEU's and the like. The fees and the continued education aren't cheap either. If there is some other profession out there that isn't certified, unlikely as that seems, then perhaps they should be.

The Counselor registration system serves no purpose that I can tell. Again, it's a way to generate revenue.

I am writing to provide a comment about the registered counselor survey currently being conducted. First let me begin by providing some background information. I was recently awarded a LMHC endorsement and have a Master's degree in counseling psychology. My primary reason for concern is that over the past two years I have seen individuals practice under the RC endorsement with little or no formal training. In fact my master's thesis topic was in this very area asking the question do clients understand the difference in professional endorsements. For example "which has more counseling training a psychiatrist or registered counselor?" In most cases registered counselor was marked most frequently. I am pleased to see the state taking this issue seriously in protecting not only the clients but the counseling profession.
There should be more of a distinction between those who are actually working in the field on a full or part time basis as opposed someone who merely pays the fee every year with no regulatory restrictions (e.g., continuing education credits after at least B.A. degree or proof of supervision/employment in the social service field).

Any steps the state can take in making this endorsement more restricted to individuals who are qualified is a step in the right direction. Please know that many of my colleagues agree. Good luck in this journey.

While I do believe mental health professionals who graduate with a master's degree from an accredited institution should be licensed immediately after successfully completing the exam (as acupuncturists and naturopaths are), I'm willing to look for a compromise between the current standards for mental health professionals and those used for LAcS and NDs. (See comments in a previous email regarding inequity between licensure requirements of naturopaths/acupuncturist licensure versus counselors--attached.)

Therefore, I want to suggest the following "happy medium":

Would it be possible to eliminate the registered counselors classification (since it's nothing more than paperwork and "hoop jumping" that says nothing about relevant, or depth of, qualifications) and moderate the requirements for mental health professional licensure?

For example, perhaps an LMHC could be obtained after:

- >"board exams" within 90 days of graduation from an accredited program
- >12 hours of supervision
- >120 hours of client contact
- >5 credits of continuing education
- >minimum 6 months post-graduation
- >proof of continuing education to renew the license each year (5-10 credits)

And, if people want the LMFT designation, they would be required to complete 250 additional hours with couples and families?

Thanks for considering my thoughts and suggestions.

I understand the need to review the registered counselor license. As it stands right now anyone can register without question.

The goal *always* is to do no harm, whether discussing physical health or mental health. My concern is that alternative training, alternative and complementary methods of working with individuals, couples and families will not be given fair treatment.

Let's look at my case. If you added all the seminars, workshops, apprenticeships and college classes I have taken I am probably better educated and trained than most psychologists. However, I don't have a degree to my name (o.k an A.A. degree from decades ago). Yet I have had masters level psychologists referring clients to me. Just as many health care professionals are opening up to complementary forms of healing so to are mental health care professionals opening up to the benefits of alternative forms of psychological help. The benefit of alternative & complimentary forms of assistance is that it *is* outside the box. We all have a cognitive map of reality. It is created by our society, our environment and our family structures. This map contains all the stuff that is 'in the box'. Sometimes, finding out there is something that doesn't fit in the box, something outside the box of our expectations offers us a sense of hope, a sense of liberation. This discovery opens up the possibility of assistance from beyond our limited reality. This can provide an opprotunity for much healing.

There are so many people that do not have a religion, they do not have a version of God to turn to any longer. They do not have the confidence, the hope, the opprotunity to turn to a higher power in their times of distress. Many of the alternative forms of assitance offer a road to the spiritual that does not require a religious affiliation. They offer a doorway to hope.

Let's face it, people want to see a little official piece of paper, they want to know that you are at least connected to the box, have some respect for the box that creates their map of reality. It would be nice if that piece of official paper actually represented that you were being recognized for work and training in your

field. But is your organization capable of recognizing the validity of stuff that seems from the boxes perspective to be 'out there'. Isn't that the big question society faces these days? New age, quantum thought v.s. the two old establishments of science and religion.

Good luck.

I would be interested in more break down of information regarding grievances:

One thing I would be interested is complaints/actions by setting.

Something to consider, some complaints might be related to client characteristics versus counselor characteristics, so settings that work with clients with more severe diagnosis (e.g. community mental health centers) might have more complaints that are not counselor related.

I would also be interested in complaints/actions by type of work being done (e.g. marriage counseling, axis I&II work, alcohol/chemical addition work, etc.) as some of this will be reflected by setting but some will not (private practice could cover any/all types of work). Also, by issues such as education of counselor, supervisor information, etc.

This might give more information about when grievances are more likely to happen.

Issues I would like to see included in the discussion:

Supervisor requirements. From all I have heard and seen, talking to both newer and more experienced (20 yrs plus) counselors, I have a bias towards supervision being a requirement for everyone. We all have our blind spots where we can start "sliding down the slippery slope" towards an action that could be grieved. I hear a lot of counselors who have done 20 years of counseling saying "I am someone who supervises not someone who gets supervised", yet some of them have been grieved with actions taken against them. Having some type of supervision requirements would protect the public the best. This might have different supervision for different levels of counselors – registered vs different licensures, or for different settings (if immediate supervisor is a licensed counselor who oversees their work in regular reviews, then separate supervision meetings are not required). However, I expect objections to this because of the cost and time.

FYI - In Colorado, the supervisor was held responsible for any grievances against the people they supervised. The supervisor was also grieved and also had to answer to the board. This keeps supervisors more diligent to ensure their supervisees did not commit grievable actions. Of course, if the issue had not come up in supervision sessions or the supervisor responded appropriately when it did, there was not action against the supervisor. However, if the supervisor had knowledge of a grievable situation and did not take the appropriate steps, they could have actions taken against them also.

In Colorado, because of their unlicensed psychotherapist category, many counselors had their education requirements (MAs), post education hours and even supervision, but had never gone through the steps to get licensed, even 10 or 20 years after their education was completed. So unlicensed counselors in CO might be skewed with a large number of people meeting most or all of the requirements but not having gone through the licensure requirements. I don't know if WA is the same.

On a different note:

I agree strongly that the general public has no idea what the different levels of licensure/registration are and what it means. Also, they have no idea they should get a disclosure letter or what information they should get when seeing a counselor/psychotherapist. They also very strongly blindly trust that the person they are meeting is qualified (education, experience, etc.) to work with them and their issues. This is especially true for people who have never seen a counselor/psychotherapist before, but I believe is also true for people who have seen at least one counselor/psychotherapist previously.

I do not know a way to educate the general public about this (a brochure informing the public could be required to be given out by all counselors/psychotherapists, but if the counselor did not give this out the person would not know it was missing).

Maybe something on the DOH web page that would easily be found by searching the internet for counselor / psychotherapist and WA).

I don't know about the other registered counselors but where I am at. I had to have over 3500 hours under a CDP in which I have and when I started in 96 that's what I needed and was to be grandfathered to get my CDP. Now there are many of us in that vote. When I sent all in DOH did not stand behind that. So by then they wanted more schooling. This is a hard profession. First it doesn't pay. Second the state changes so much. As for me I love what I do. As I am sure others do to. Registered counselors are always under the care of a CDP. If they propose to take that from the registered counselors then this field will die. Having experience myself with my own child we need people in this field. So many are registered because they cannot get any further each time requirements are changed.

I would hope they would see that along time registered counselor should be able to test for their CDP we are not asking to get it free we pay for it to.

Anyway, I thank you so much. I also will write the governor on this to especially for me this would have been all done. I do hope they see that the registered counselor is needed especially to start out and that the committee will understand why they are not a CDP.

I came to the state of Washington from California where I was licensed as a clinical psychologist and marriage and family counselor. With ease I became a counselor in this state. I was amazed at how low the qualifications were to become a counselor. I would encourage the state to look carefully at upgrading the requirements. This field is an important field and the people providing the services should be well qualified.

I believe that the qualifications for all positions termed "counselor" should be examined. I think that includes school counselor, mental health counselor, etc. The public deserves this protection.

We are a small counseling business that has operated in Seattle for many years. All of the counselors working here have been registered since the current system was initiated. We have never received any indication that there have been complaints filed concerning our counseling and so believe that there have been none. We also believe that we are providing a very useful service to many people and would not want our work to be made more difficult by the imposition of requirements that would simply make it more difficult to be a counselor without actually solving the difficulties that some counselors have caused and that you are seeking to handle.

An important reason for rapid progress in our society is that people have not been restrained from testing out a variety of ideas and that people have been allowed to make their own decisions based on their own experiences. It has long been an important principle that government must be very careful to not abridge this aspect of our society without substantial cause and then only in ways that are both limited and effective in providing remedies.

Government can usefully provide mechanisms for identifying unethical, fraudulent, or incompetent individuals who, rather than trying to help people seeking assistance, take advantage of them. Government can also usefully provide a method by which to seek redress for those taken advantage of by such individuals. (These questions are not relevant just to people offering counseling to the public, but to anyone offering any service.)

It is not the job of the government to make decisions about what people should try or what would be effective for them, rather the job of government is to provide mechanisms to reduce people's vulnerability to unethical, fraudulent, or incompetent practices.

Given that it is probably impossible to end the occurrence of such difficulties, what then can be done to minimize them without removing the opportunities for, and the variety of opportunities for, counseling that is clearly both widely needed and widely sought? How can a system be devised that insures ethical behavior and competency without requiring orthodoxy?

While it may seem appealing to simply require more education or academic certification of counselors, the figures given on the Seattle Times web pages relating to their series of articles indicate that two other categories of licensed professional have higher rates of complaints than do registered counselors: psychologists, 10 complaints per 1000 licenses; chiropractors, 9.8 complaints per 1000 licenses, registered counselors, 6.5 complaints per 1000 licenses.

Apparently, simply having higher educational requirements is not going to solve this problem.

Two approaches, or a combination of the two, would seem to be useful.

One is to require the enrollment and participation of counselors in courses in ethics, public health, etc., on an ongoing basis. This would provide both ongoing, relevant education and ensure that those counselors who are unethical, fraudulent, or incompetent would not be able to practice in isolation. It is that isolation and their behavior being hidden that permits such behavior to continue.

The second approach would be one of requiring a survey of a sampling of each counselor's clients on some ongoing basis. A machine scan-able survey could spotlight difficulties, as well as provide a strong deterrent to any counselor mistreating those who seek help from them.

These approaches are precisely aimed at the difficulties that need to be faced, without making onerous demands of the vast majority of counselors who are providing very needed services, ethically and competently.

I wish you well in your efforts.

For what it's worth in the way of input, I am someone who went back to school at 60 to earn a second MA to work with the aging. Have not been able to find a job in an agency, I think because of my age, although no one will say that, obviously. Having enough time to actually find clients and get supervision in the heroic number of hours required is a real challenge. I would like to be licensed and find a way to be supported in a way that guarantees safety for myself and my clients.

I have worked in The Chemical Dependency field for a period of 6 years. I have been registered since July 25, 2000 and have worked towards completing my Chemical Dependency courses needed throughout the different stages of my career. There was a period in 2000 or 2001 that I had an opportunity to be Grandfathered in as a Chemical Dependency Professional but a change in more courses in college had just taken place. My past experience I've worked as a house manager for a Chemical Dependency Inpatient Center in 1997, and had become an intern in 2000, which I have completed all 2500 hours. I have also completed all Chemical Dependency courses at this time, but still need to complete Psychology 101 and 212 in-order to proceed with The State of Washington exam. It becomes frustrating when the qualifications exceed longer than the amount of time that a person can attend these courses needed (\$\$\$and time wise). I am graciously asking the State of Washington to take my years of experience and education into consideration for being Grandfathered as a Certified Chemical Dependency Counselor.

I am most interested in what changes may be forthcoming for registered counselors. I was unable to take the survey before the deadline. I will be unable to attend July 20 meeting on Thursday but would very much like to send my comments to you via email and respectfully request that you share this with the task force for consideration at the Thursday meeting.

As a registered counselor for 15 years, I am now 76 years old and my clients won't let me retire. I have been educated by numerous Doctors: Dr. Versendaal- Michigan, Dr. Don Warren, who certified me and Dr. Jaangaard.

My work has helped so many many people over the last 15 years. I have a large book of thank-you notes expressing gratitude for getting help for deep emotional issues in a short period of time. I have helped suicidal cases, cutters, severe panic attacks and depression and anxiety with the method I was schooled in.

I also have and do take on many cases pro bone who had no help from others and were referred to me.

I do not want to lose my ability to help others because of any proposed laws or changes!!

My method is a holistic approach using kinesiology is effective and works quickly.

It would be a significant consideration if the task force would recognize the combination of appropriate education, extensive experience, and licensing from another state as sufficient for sustaining the Registered Counselor license.

I am 74 years old and have been a Registered Counselor in Bellingham, Washington since moving here from California in 2002. I earned a Master's Degree in Counseling at San Francisco State University in 1975 and have been licensed as a Marriage and Family Therapist in California since 1976. For the last five years, I have also held a license as a California continuing education provider.

Currently, I am semi-retired, seeing 4-6 clients a week and offering ongoing training and case consultation to other Adlerian therapists. Considering that I have a M.A. degree in Counseling, over thirty years of private practice experience, train other therapists, and regularly maintain all of my CEU's for the California MFT license, it would seem reasonable to recognize this cluster of education, experience and licensing as sufficient for sustaining the Registered Counselor license in Washington.

I have strong feelings about this issue of credentialing because I believe the work you and the task force is doing is essential to professional mental health services

I also am very much involved with the credentialing issue that affects me. I find myself in a very awkward position which I suspect may not be unique to myself alone and may be of interests to you and the task force. I will attempt to be brief and succinct.

I graduated from The University of Iowa with a Masters in Psychiatric Social Work in 1962. Prior to that I graduated from Grinnell College, in Grinnell Iowa in Pre medicine, with a double major in Psychology and sociology in 1959. Following graduate School I felt that I needed further training before I started dealing with something as precious as the human psyche. There were no academic programs that I felt were what I was looking for so I researched and put together a continuing post graduate series of Internships, externships and fellowships in the fields of Individual and Group Psychopathology. I was fortunate enough to spend four years post graduate with some of the great names in psychiatry in some of the finest training facilities in the U.S.A. and felt after that I was sufficiently trained to start dealing with individuals, families and group problems in our society.

I was the Director of Outpatient Services at The Seattle Mental Health Institute , trained staff and treated patients and was the only Social Worker in the nation at the time who had hospitalization and discharge priviledges.

I taught Individual psychopathology and Group Psychopathology to graduate school, pscho / social nursing to psychiatric nurses working on their masters and doctoral degrees.(A wonderful learning experinece for me as well as the students)

I developed a private practice and founded and was CEO and Administrative director of Samar Hill at Sunny Bay, a private residential / out patient and training facility out side of Gig Harbor, Washington on an old homestead farm that remained a working farm as long as I owned it, where I practiced, treated and taught an international clientelle of fascinating people. I did so until I retired to semi retirement to write books on the field after 35 years of practice . Never did I lose a client or patient, nor was I sued or had any form of misconduct associated with me or my staff.

Having said that.\, hopefully will give me some credibility to go ahead and relate my concerns involved with credentialingto you and your task force and to confirm that some of the Rigistered Counselors are trully trained professionals and not some one trying to sneak in the back door of a profession. The RC credentail WAS THE ONLT CREDENTIAL for us at that time!

My wife and I retired to share our time between our home in Old Mexico and The Rockey Mountains of Central Washington where I maintained a partial practice in both locals.

In the Washington community there were a number of Social Workers employed who were neighbors and they were constantly after me to come to work at one of the understaffed community clinics. There are few trained practitioners in this area and they are desperate for mental health counselors. I agreed and found that the clinic required a LCSW certification so the clinic could be reinmbursed by Insurance companies for any services that I might provide.

I had heard nothing of such credentialing nor could I find out anything about it. I, like all Social workers who had been credentialed and practiced in Washington had the Registered Counselor credential required by the Washington State Health Department which commenced in 1987. It was the only credential available in the state for Social workers. I remained a current participating RC since the coception of that credentiali until this day.

It took me three years of emails, letters, telephone contacts with National Association of Social Workers, The State health Web site, NASW chapters through out the state and finanally was informed that I had to take a test to prove that I was a competent Social worker before i could be rewarded with a LCSW. This was of course contrary to what NASW, The State Website and all of the NASW chapters and dozens of Social Workers , many of whom I had trained years ago at Samar Hill at Sunny Bay Institute. I had repeatedly been told that because i had been awarded A Board Certification as a Diplomate Member of National Association of Social Workers that I was automatically "Grandfathered "in to any new credentialing . I spoke with dozens of social workers who had never heard of such a test nor had they ever taken such a test. They were all grandfathered into new credentialing category OR their agency "magically" got credentials for them so the agencies could be reinbursed foby Insurance companies !!!

Unfortunately as I wa strying to understand this new credentialing I heard from a woman , Betty Ingram,Credentialing Manager, Health Professions Section Seven of the State Health Department. The unfortunate part came when apparently MS INgram felt I was questioning the credentialing program and her authority when all I was attempting to do was discover if it was true that I had to go through the expensive testing WHEN I had not found any social worker who had ever even heard of the test. We apparently developed an impaired communication and the next thing I heard was from the Legal Department calling me because Ms Ingram had said i was going to sue the Department of Health over the credentialing. I had to assure the young lady from the legal department that "I am just old, I am not stupid!" and at 69 years of age I certainly have the

Stakeholder Comments

good sense not to sue the State of Washington or the Department that holds my career in their hands. That was the last I heard about that. However Ms. Ingram made it perfectly clear in a letter that according to the states records I had never been a social worker in the State of Washington and that I must immediately stop referring to myself as a Social Worker because it was against the law to represent myself as a social Worker and the penalties were severe. I attempted to explain my background and tht I had been credentialed by her own department as a Registered Counselor which was the only credential available to social worker in the state for as long as I could recall. She completely discounted the Registered Counselor Credential and said as far as she , the records and her department were concerned that I had never been a Social Worker and that I had to stop representing myself as a social worker.

She said that she had the record of my being Board Certified as Diplomate Social Worker by NASW but that did not mean I was competent to practice in Washington. I thought that Washington Social Workers must be the only profession in the United States that any professionals had to retake Board certification once it was granted.

As you and the task force might guess, I was totally dismayed after having an outstanding long successful career where I had always been a Social Worker that Now I could no longer say I was a Social Worker. This seemed incredulous to me that my entire career could be vanquished and the prospect of continuing to be a private practitioner was non-existent. After much pondering I arrived back at my original reaction that I have always been a Social Worker my entire Professional LIFE and Career and everyone knows me as a Social Worker and I am not going to dismiss my career history because I was refused to be grandfathered in to the new credentialing with everyone else in the state. She said I should have responded to the notice that was sent out of the dead line of 2001. I thought it was strange that I had maintained the same mailing address in Washington for 35 years and I had constantly received my mail where ever I was traveling and I was never notified of any dead line or any change of credentialing. I was also bewildered how Ms Ingram could have been so sure I had received her notification since she had just told me that there was never a record of any kind that I existed either as a social worker or a person in Washington so how could she have known where to mail the notice???? By that point I felt it was not advisable to pursue any of my questions with some one who apparently had the power to completely wipe out some ones entire professional career!

Since that most upsetting experience I have sat in Central Washington unable to practice my profession while the clinic and health services continue to be overwhelmed with the demands of clients and all of the clinics are totally understaffed if they have any staff at all. I know with my training, experience and empirical knowledge I could be of an enormous benefit to the clinics and the clients instead I sit here "blown away" by what has happened to me. I find my book writing has clearly taken on a less positive attitude toward mental health services and administrations in Washington.

Out of concern I contacted various graduate school programs throughout the U.S and was amazed to find that there is very little in the graduate curriculum that would prepare a graduate to provide anything but the most rudimentary services to people in need of mental health services. I was greatly impressed however with the University of Washington graduate school in Social work who had as a program the best program in the United States . However , again I made several attempts to reach the dean of that school and a secretary referred me to two leading professors who I emailed and wrote letters to them in an attempt to discuss their program with them. I never heard from any of them in the 6 weeks I was in the Seattle area so I gave up on that as well. It makes one wonder, frankly, about the overall profession and the administrators at the state level.

I felt that my attempts to reach some conclusive answer with Ms Ingram was most appropriate on my part to question the areas of concern I had, I felt she was apparently not a Social Worker or not a "people person" at all but a bureaucrat with too many demands on her schedule and issues of her own. My attempts to meet with University of Washington was to develop a whole section of my book on the glories of their program but no one apparently felt that it was important enough to respond to regardless of what positive things it could have done for the program .

I wonder how many well trained, well practiced Social Workers with great Credentials are sitting around , staying "below the radar" or who like myself had no idea that credentials were changed from what they have been for decades in Washington. There is clearly a desperate need for trained competent mental health practitioners, now in history more than ever and it seems like a damn shame that the qualified people are not able to work without jumping through bureaucratic hoops and satisfying unusual personalities while they see thousands of other people practicing with little if any competence or credibility. My friends in Gig Harbor are appalled at some of the "practitioners" who are "under contract to the state" who have no education and no credentials to allow them to be functioning as Marriage and family counselors or any thing else who have quite a thriving practice but with some rather interesting and alarming consequences, i.e . all of the clients who are wives have divorced their husbands, left established families and some of them move this particular "Quack" in to their homes and live with him as man and wife. To me this sort of conduct is unacceptable and totally unethical, unprofessional and abhorrent. Yet he continues to practice and receive monthly checks from the State while other qualified people can not get credentials they deserve. This guy is under contract with the state and gets paid monthly allowances for "counseling the disabled". I encouraged the husbands to report him to the state, they say that won't do any good and they will choose to handle it "another Way".

That "counselor is currently living with one of his "clients" after leaving his wife who would not tolerate his unprofessional behavior! I hate to end on such an unsophisticated note but I believe it helps to make a point that there does in deed need to be an over hauling of the entire credentialing programs and the administrators who are currently in charge of a totally inconsistent and inappropriate professionally.

Most sincerely and most respectfully, If there is anything i can do to assist you or your staff and task force do not hesitate to ask.

Well, I completed the survey, but it won't make much sense since I live and work in Oregon. I'm located in The Dalles which is a border community. In order to occasionally practice on the Washington side, I maintain a Registered Counselor (RC) license according to law.

I am an Oregon Licensed Professional Counselor; an Oregon Licensed Marriage and Family Therapist; and a California Licensed MFC (since 1975, the hard way, that is, written and oral tests and hours of supervision). I had to add hours of supervision to obtain the Oregon licenses. I have a Masters Degree from Humboldt State College (now University).

Originally, having an RC was a place holder for being able to apply for a Certification, at that time, without some of the hassle. However, reciprocity was never an option offered to Oregon Licensees or California Licensees. That, of course, would solve the states dilemma about education and experience as some of the clinicians/counselors living in border states became licensed in Washington in the same professional area.

I looked at the paperwork for Certification/Licensure in Washington and considered it to be an unreasonable redo of all the steps and hassles I had gone through in Oregon and California.

It seems contradictory to me that the professions that claim to assist persons with relationship and communication problems can't appear to get it together across state borders.

So, if the RC is abolished, will I have to go through a mountain of paperwork and verifications of experience in order to obtain a license to be able to cross the bridge and see someone in Dallesport or Goldendale? I hope not.

My current position here in The Dalles is Executive Director of Mid-Columbia Child & Family Center, providing day treatment and outpatient services to emotionally disordered children and their families. I'm also the clinical supervisor and a family therapist. We also see adult and child outpatients for mental health services. Washington clients also come see us.

Over the past 35 or so years, I have been in many positions, including a mental health director. I would urge the committee to use caution about where they determine the competency of counselors, or any other therapist for that matter. Skills for good counseling and therapy are not learned in school. What is learned are some relevant concepts and the language of the field. High educational requirements are more of an economic screen than a competency screen.

The useful skills of the counselee or therapist are learned in the two years of clinical supervision while the counselee is practicing under supervision. And, that is the most relevant screen of the competency of the counselee. In other words, the skills are learned in the trenches. That's my perception anyway.

Well, thanks for the opportunity to have an opinion. Will this be shared with the committee? Please do if possible.

I received my registered counselor license when I began practice as an intern at Auburn Youth Resources in Auburn, WA. I was enrolled in the Marriage and Family Therapy program at Seattle Pacific University. That was January, 1997. Since then I graduated with my MS in Marriage and Family Therapy in December, 1998. I have not practiced therapy since January, 2000. I continued to work in my job with Alaska Airlines until I was able to retire from that job last year, with the intention of resuming practicing therapy. In the meantime I have continued to keep my registration with the state current. I am now looking for an agency where I can resume practicing therapy under a licensed supervisor. Once I complete my required 3,000 post graduate hours I plan to take the exam for becoming certified. I did not fill out the survey since I am not currently practicing. However, the outcome of the review is of importance to me and I would appreciate receiving any information that is released once the review is complete.

I filled out the online survey but my concerns are that it really didn't even get to the heart of how important those of us that are registered counselors are in the community. I felt the questions asked led to answers that sound like we may not even know what we are doing. When it asked if we have had some training but that we don't have a degree, I felt it should have let us list what kind of training we do have. I know myself I have had a lot of classes and training but they were specific to what I do. I also go back each year and take more training in mental health that do offer hours for continuing training if it is required but I never fill out the forms to get the hours because it was not required. I do however sit through and participate in those same training's next to all others that do get continuing education hours as required.

Let me tell you a little about myself and what I do. In 1988 when I was going through a divorce from a husband who was very domestically violent I myself ended up in counseling at a center for women. After I was strong and well I went on to take training's to help others. I was already a minister so I soon registered with the state to become legal at doing what I felt was my calling to help others. After many years of taking night shifts on the crises line and helping others through intervention crises counseling, domestic violence, child sexual abuse and even suicide. During this time each year professionals were called in to give us extensive training. Also during this time I opened my own church and taught classes to women to get their lives back together. My classes were so successful I was visited by a college program in Spokane who asked me to teach the same classes to the people whom they were trying to help get off welfare. The welfare reforms were new at the time.

I used my life coach methods to put together a program that really worked. I knew if people were on welfare there were many problems in their life that 1st had to be dealt with and resolved before they could move on and be successful. As I was teaching this for the college I was still doing the crises line a few nights a month I also became a volunteer for the Red Cross. I went through much training with them. It was not long before I ran the Red Cross disaster team for Stevens County. After a few years I took Red Cross mental health courses and became a mental health worker for both local and national disaster teams.

I loved this work and traveled to national disasters all over on all my vacation time. Meanwhile my classes for the welfare students ended and the college kept me on to now teach adults with disabilities. I then took classes over on the coast to learn mediation counseling. I felt this was the best thing I ever learned it helps with everything in life to have these skills. I also decided to take classes in horticulture therapy. I already was a certified master gardener and I could put together two things I loved. So now besides the regular classes I taught each week at the college in the summer I taught horticulture to adults with disabilities, Horticulture Therapy. I also as a minister of Angelite Center continued as a life coach using my counseling skills to help others improve their life. I had a few clients I worked with each week. You might wonder how I had time for all this, well I am an adult with ADHD and I learned to channel all this energy into helping others. I am soon to be 55 and am getting a little older and a bit tired and am looking forward to the time soon I can retire from the college and just do counseling through my church Angelite Center. I have quit doing the crises line and have taken my name off the list for Red Cross for now but will do more national calls when I retire. It has been my enjoyment in life to get the calls from people I have worked with over the years. They tell me how I have changed their life for the better. I love working with the elderly and disabled. I love doing Horticulture Therapy with them as we dig in the raised beds. They love to have an ear to listen and to have someone to discuss their lives with.

I am worried how your new rules will affect me. I still go to training's in mental health each year but I am too old to take the time or to come up with the money for a degree. Having my registered license qualifies me for a million dollar insurance policy in case I should ever have a problem with a client. I never have but what if? I know many other people like me who may not have had as much formal education but have had much training and are very helpful to the community working with low income people with reasonable prices for counseling and with our work as volunteers. Even if you change the rules now will you be grand fathering in us old-timers? The college also keeps a copy of my license in my file. The skills I have learned in all my training help me everyday in my work for them. From the time I started with the welfare folks and their problem to the people with disabilities I works will now who have been molested and used and abused. Like I said those mediators skills are always a help especially when the clients have anger issues. I think it would be a shame to lose our help. With all my years of experience I would still not be able to even do the Red Cross mental health work anymore as we have to show our currant license as we get processed in at each disaster. We always have at least a psychologist in charge of the rest of us but most psychologists and psychiatrists do not have time to take off work and fill in all the volunteer mental health positions at a disaster. I have worked floods, ice storms, hurricanes, fires, and even hostage situations among other disasters for Red Cross. Just so you know we are trained to know what we can handle and when to refer a client to a professional for more help. All of my jobs require I be evaluated on my job performance and I have always gotten excellent reviews.

Please take the time to hear others stories before you make such an important decision that will affect out lives.

I have retained my RC in Wa as I do periodically travel to the state to do nutritional and wellness education and counseling. I am also a RN (mental health and substance abuse), licensed in NM, Doctor of Naturopathy (not licensed in NM), Certified Herbalist and Aromatherapist and have my B.Sc in Clinical Nutrition. I was always disturbed that RNs did not have continuing ed requirements as most states do have this requirement. Another category but II would have you revisit this. I have read the minutes from the task force and submit my 2 cents for what it is worth. Committees in some states, NM being one, are now looking at a category like the RC and from a licensed perspective I do feel there should be a tracking mechanism for anyone involved in giving guidance to the public. I do not feel that RCs should be doing mental health or substance abuse counseling. When I applied I was a licensed nurse in Wa but also offered Aids and Nutritional counseling. I was under the impression then that the RC was required. In the area of wellness education I do believe this is a good thing and maybe some of the controversy in the state stems from the growth in mental health counseling which your minutes seem to reflect. In Calif. there is a Psychiatric Technician category of licensing but I have never seen that RC (which I see as a tracking method only) as a mental health category. This appears to have grown over time.

My recommendations: Continue the RC for category for public education and counseling that are currently not captured by other licenses. Have folks specifically list education and training that justifies the practice the RC is conducting. Make sure this RC # is made available in an informed consent and # to make a complaint if needed. Don't throw the baby out with the bath water when you have a process that in part is a model for other states and maybe just needs to be streamlined to capture those folks that are not otherwise licensed. Thank you for your time.

I found this posted on the WA DOH website. FYI. It would seem that registered counselors, including peer counselors, are checked for background issues. This News release demonstrates that health care providers, including non credentialed registered counselors, are being 'checked out' before being issued a license.

For immediate release: July 12, 2006 (06-103)

Contacts:

Jeff Smith, Communications Office 360-236-4072

Deanna Whitman, Communications Office 360-236-4022

Department of Health begins national databank checks of all health care provider license applicants; system shows disciplinary actions in other states

OLYMPIA ¾ The Department of Health has a new tool in its work to make sure doctors, nurses and other health care providers are providing safe quality care. The department is now using two national databanks to check if applicants for health care licensing have been disciplined by health officials in other states. Coupled with in-state criminal background checks, the additional scrutiny will allow the agency to look for violations that could affect applicants' ability to deliver safe and quality healthcare.

"Patient safety is our top priority," said Governor Chris Gregoire. "These databanks will allow Washington to review each applicant's professional background to see if they have had problems in other states before we decide whether or not to license them to practice in our state."

The national databanks list disciplinary actions against health care providers for conduct relating to their practice. The funds for these new background checks were included in this year's state budget, signed into law by the governor.

The National Practitioner Databank contains information related to medical, osteopathic, chiropractic, and dental practitioners. It includes:

- Medical malpractice payments;
- Medicare/Medicaid exclusions;
- Actions taken against applicants license in other states;
- Actions taken against clinical privileges; and
- Actions taken against an applicant by professional societies.

The other databank, Health Care Integrity Practitioner Databank, involves any profession regulated by a state and includes:

- Health care-related civil judgments taken in federal or state court;
- Health care-related criminal convictions taken in federal or state court;
- Injunctions;
- Federal or state licensing and certification actions;
- Exclusions from participation in federal and state health care programs; and
- Any other formal actions or decisions defined by regulation.

"I want to make sure people know their health care provider has been thoroughly screened," said Department of Health Secretary Mary Selecky. "This is another tool to help us with this important work."

The databank screenings are being administered by the agency's Health Professions Quality Assurance Office. The office is responsible for protecting and enhancing the health of the people of Washington by assuring access to safe, competent health care providers. Office staff works in partnership with 12 boards, four commissions, and eight advisory committees to set licensing standards for 57 health care professions (e.g., medical doctors, nurses, counselors). The program and its partners review nearly 4,000 applications for licensure each month.

I feel a response is extremely important, in as much as I have been a Social Worker in Practice since 1962. Board Certified Diplomate by the National Association of Social Workers. I have practiced in Washington state since 1965 and have been a registered counselor since the credentials conception, I believe in 1987. This credential was the only credential available to social workers at that time. I have maintained that credential every year since commencing with it.

i have five years od extensive post graduate internships and residencies in Psychopatholgy beyond my Masters in Social Work. I was Director of Out patient Services at Seattle Mental Health Institute and was the only Social Worker in the U.S. to be granted hospitalization and discharge priveledges, I taught Psychopaathology at the University of Washington and I have owned and operated a private clinical clinic where I treated both in patients and out patients and had an extensive training program where I trained psychiatrists, psychologists, social workers, psychiatric nurses etc. I had an international clietelle and practiced with out any problems for 35 years before retiring to write. I have maintained a small practice during my retirement both in the United States and Mexico

I mention this extensive background because I would imagine that my professional background is unusually successful and of a longer duration than probably any other Registered Counselor in the state and I have strong feelings about credentialling and how it has been done and feel I have a lot to offer to your Task Force. Due to the untimely delay in recieving the letter written June 21, 2006 I felt I should write you and see if there was not some way I could be of assistance to your task force and survey. I will appreciate your response and interests.

Today, I had a former alcoholic of twenty plus years show up and thank me for providing the direction to sobriety to thank me for being there and showing him where to find the program that has, now allowed him to achieve six months of sobriety! Twice, during the beginning your card provided me access during situations where he was involved to get him into the very programs that dealt so well with his problem! Now I have worked the street of Seattle , Shoreline and Edmonds for well over twenty years and have responded to any police or fire department call over these individuals without question! My attorney is very interested in your response.

I would like to share a few important concerns related to your wonderful work reviewing the issues around the License of registered Counselor.

I'll first address these possible changes as it relates to my own work:

I have taught K-highschool, public and private (all subjects), with much success since 1974, starting at Meany Jr. high in Music (Choir/Piano classes & lots of kids needing "Music Therapy"). This work in Seattle's central area started me on the path, as a young Educator towards the need of Music and the Arts/Journaling/Lyric Writing as a replacement for addictions & abusive behaviors in the lives of children and adults. Experience and many years in the trenches, taught me about creativity as a tool & outlet for pain so people could become

healthy and whole. My own daughter has used the Arts/Journaling and Sports in the San Diego detention centers with kids, using the same principals of health to avoid addictive/compulsive activity by healthy "replacement activities". She teaches and is a certified social worker.

In the 1980's, I began to volunteer/lead women's church support groups using Music/Art & Journaling for those suffering from sexual abuse and domestic violence. My children were young at the time and as I taught piano & voice at home. I had the time to invest in this area of abuse where there was a great need in our state using my teaching skills in the Arts for "Healing from Abuse". Domestic Violence had not quite come to the forefront and I spoke out in the churches that had ignored this women's issue. I've attended many workshops and also taken classes throughout the years (counseling).

After ten years in the 90's teaching in private schools, I'd started working part time in "Senior Care" and saw the great need for healing with those suffering with Alzheimer. and Dementia. This started me on a new road of what is known now as "Music Therapy". Hospitals and Senior care agencies often send me cases that are difficult because of my success with very difficult patients. I stopped teaching in 2002 as my work has continued to grow with the aging of "boomers". I remarried (after being a single Mom) in 2001 (after 9/11) and was trained under the FBI Chaplaincy counseling program with my husband. We just returned from Louisiana last week and have gone down twice since Katrina. We've counseled over 2000 broken, hurting people in the aftermath of the Hurricane and given them HOPE (all volunteer and our own money). I still work in emergency services as a volunteer in hospitals, on call with my husband when there are emergencies in our area (overseen by Cindi Boehn, ER Chap. services in Edmonds). We meet once a week as a group and receive our assignments. Many are hurting in our world and Community in WA state and the cost of Psychiatric Counseling is outside of the reach of the poor and needy. I am licenced as a Teacher, have years of hands on experience and certified as an Emergency Services Counseling/chaplain.

I share all of this as I am very well aware of the concern for accountability. My work with women and abuse over many years gives me a great sensitivity to this. Yet...may I share that if the reigns become too tight in a day when there is such a great need for care and counsel of those in need, that many healthy doors that have operated with blood, sweat and tears...will be CLOSED to those hurting. We already have too many in pain, and too few willing to get their hands dirty in the trenches, in the places of difficulty and pain. Dave (my husband...works with the disabled and also taught in the prison system yrs. ago) and I both feel that doing background checks is an area that should be MANDATORY in this registered "position".

But literally thousands of helpers in our state will not only lose access to assisting others at an affordable cost (or through volunteering), but will be out of a job, creating more strain on our state through unemployment.

Please reconsider dissolving this important service to our state by just making it safer through fingerprinting and background checks, yet allowing our Seasoned Veterans who have faithfully served for years with clean slates, to continue doing the work of helping those hurting & in need in the State of Washington.

I thought I would give you my brief perspective why I chose this particualr license in WA for my private practice as a life coach/personal coach.

Coming from NV. I had a license as Marriage/Family Therapist and yet only practiced life coaching. I did not practice as a therapist any more and only provided personal coaching as my primary practice. Nevertheless, I had yearly dues and continuing credits required that cost me in time and money 600.00 to 1000.00 yearly. This was not cost effective for me and did not appropriately address my professional needs for myself nor my clients. Thus, when I moved to WA I was looking for a licensing process that both guaranteed myself and my clients assurances that I was both qualified and trained to provide life coaching services to potential clients. For me and my clients the Registered Counselor License achieves this goal.

I hope this brief narrative may be of some help to you and the task force. There is so much more I could add or offer but will wait until the issues and tasks are clearly defined. Suffice it to say for now, I can safely report to

my potential clients that my credentials have been reviewed and my former licensing agencies in NV. gave me favorable reports along with my post graduate degree course work to the State of WA. I don't take my charge lightly and hold myself to high standards in the performance of my duties as a Life Coach. I continue to attend a variety of workshops both sanctioned by a broad band of associations in the helping fields and state licensing boards. I trust I will continue to do so throughout the remainder of my practice.

I hope this input may be of some help to you. Again, thank you for keeping me in the loop on this important issue that not only effects me but many more praticioners, as well as, clients welfare. This is not an easy task to undertake and I hope a just and fair resolution can be found to secure the welfare for all involved.

I would like to make a comment more on the article that was written by Seattle Times about registered Counselors. I agree there should be tighter regulations. I will tell you my story. My husband was diagnosed with Multiple Myeloma Cancer over 7 years ago. He came into remission a few times and then 2 years ago began sliding. He believed in using both conventional and alternative therapies, he also was a very positive man. Last April 2005 he met this woman Diana who just opened this new age store called Wise Awakening in Bellingham. She has this sound chamber for healing and also considered herself an energy healer. Well, this woman convinced my husband that she could heal him. Diana is a woman who I guess you could say is very charismatic, charming and lots of touchy feely. Diana told my husband she did not see any cancer in him and felt that her sound healing chamber and her energy healing was healing him.

My husband was so convinced of what she was saying to him that he stopped all of the chemo and even had his IV port surgically removed. By Sept. the cancer began to get worse in his back and he began to have difficulty walking. Needless to say he went down hill from there and Diana no longer seemed interested in wanting to be around my husband.

March 24, 2006 my husband died. As far as I know this woman has no license with the state of WA and is out there causing harm to innocent people like my husband. Who knows what other promises she has made to other people, other people who are just grasping at a chance to live, instead are fed false hopes, high expense and no scientific backing.

This is the kind of person that should be prosecuted. Thank you for reading my story.

I would like to add some personal info in regard to the Registered Mental Health Counselor category. I got my M.A. in clinical psych. in 1974, and did not get grandfathered into the LMHC at the time when that happenend, (1990 or so?). I consider myself a well-qualified counselor, having been working with CPS on a contract basis and the Domestic Violence/Sexual Assault Program in Jefferson County, as well as in private practice. I wouldn't want to see my practice be negatively influenced by new legislation.

I am a Registered Counselor, and have been practicing under this title for 6 years, since moving to Olympia. I have an unusual background, a high degree of education, and I have mentored with one PhD psychologist for 3 years, an MD who had a high level of spiritual development for 3 years, and a remarkable psychiatrist for 5 years. These people had structured programs to train students, but they were out of the university setting. While I do have a master's degree, my interest in studying with these people had to do with the fact that what they offered seemed more wholistic to me than what could be gained in university programs. And having been a certified professional midwife, I now have been working in the area of human mind/body/spiritual health for 20 years. People derive benefit from my ability to listen to them carefully and accompany them through times of distress.

I have appreciation for the State's inquiry into the Registered Counselor designation. In reading the minutes of the meeting held on June 22, I was impressed that so many angles of the situation had been examined. It is a rather vague designation that tends to be a catch-all.

Washington State seems to be a place where many people explore possibilities of healthy life. This state is on the cutting edge of this exploration. Certainly, having avenues for these therapeutic explorations that cover basic ethics seems desirable.

I believe that we live in extreme times and we are collectively going through many transformations, looking at how we live together, grow together and support each other to adapt to new conditions. What is the role of a healthy state government in times like these? Can the State become a large enough container of the greatest perspective it can hold to keep people relatively healthy and safe as we travel through these times? New theories and realities are emerging in all forms of human endeavor. And there have always been forerunners breaking through old paradigms and setting the stage for new ones to emerge. This has been true in all areas of our knowledge paradigms. A short 500 years ago, it was commonly believed the earth was the center of the universe, not the third planet out from a star. Who would have thought that as short as 10 years ago, so many of us would have personal computers and that we'd be communicating with each other and people all over the globe on a daily basis? In the social and health sciences there have been stunning breakthroughs, but not necessarily enough time has passed to understand the long-term effects of our understandings and therapeutics.

While the Registered Counselor license may give the wrong impression that the State sanctions the practices that are largely unknown, it does provide a container that says the State knows that some creative people are offering services that don't quite fit anywhere else. There is an application process that requires that these counselors offer disclosure of their education, training, experience and methodology. I assumed someone actually reviewed this documentation so that there was some basis for the State's approval. Also, there is a provision in this license that requires full disclosure of one's legal status, training, background and so on to each client. So, it appears to me there is some measure of public safety built into the process. There is a certain tension between holding public safety and basic ethics together with a lightness of regulation so that new therapies that can alleviate human suffering can emerge, but I believe it is desirable.

The reason I'm writing, after reading the minutes, was the sense that people who travel unusual routes of education, don't have a way to provide their gifts to people without going through programs that are expensive, not interesting or available to them.

I believe the State does well to offer some kind of ideological sanction for people who have been developed through unusual paths through life to offer their perspectives and contributions to others. At the same time, it seems reasonable to ask these "unusual people" to provide some measure of safety and reasoned explanation of their methods. As it is, the Registered Counselors, who may have to create some method of validating their work, don't receive insurance reimbursement. The people who go to them know this and they may go, in some cases, because of a perception that these counselors have a method that they aren't likely to receive elsewhere. Some therapies that have really helped people have emerged in the last few years. We don't know the long-term effectiveness of many of them, but then we don't have true data on how effective much therapy is from any given system. Some studies show that people with master's degrees, for example, are more effective therapeutically than those with doctorates. The theory was they were closer to their clients and could establish better rapport. Trying to establish what is the norm of good guidance and counseling is would be very elusive. And our understanding of ourselves keeps changing. New models keep emerging. Some forms of psychoanalysis that were "the norm" a couple of decades ago, are largely outmoded now. Insurance companies only pay for certain kinds of therapy. So, trying to be precise about what counseling is and who should practice it is quite a difficult task.

However, it is reasonable to ask people what the State already asks them: what is your method? What are your credentials? How can we hold you accountable and make sure you're forthright with the people you work with,

that you don't falsely represent yourself, that you subscribe to a basic code of ethics and that you insure people's basic safety.

In summary, I would hope that the State comes up with a method of having a system open enough to allow for new therapies to emerge and be offered, to recognize the fact of these unusual times, to allow for alternative routes (non-university) to wisdom, to have in place a measure or code of ethics that establishes basic and reasonable safety for consumers. The reason many people register as counselors to begin with is a desire to be ethical and let the State know what they are doing.

I am a masters-level social worker and a registered counselor in Washington for 9.5 years. I've worked in not-for-profit and government agencies as a case manager. I also have a Master's degree in Divinity earned in WA and have served as the pastor of a small local church. I've not pursued social work licensure because of the cost. My work settings have required a master's degree, but I have tens of thousands of dollars in student loans to pay back, and I am paid minimally for my work despite my advanced education. Few jobs as a social worker or minister in Western Washington pay well enough to afford supervision toward an LICSW. Not every work setting is conducive to earning it through your workplace. It may be of interest to you to know that I am an African-American woman.

I came from Texas 10 years ago, after being an MSW for one year. There, immediately after I completed my MSW, I was able to take a first-level test for certification as a Licensed Social Worker, and could continue on with supervision, experience, and another test for certification as an advanced practitioner, LASW. Both tests were standardized tests administered in many states, not only Texas.

I moved to Washington and found that there was no reciprocal agreement to recognize my Texas license, and no equivalent credential for which I could apply. I was very disappointed to forfeit that first-level state certification, which assured the public of my qualifications and basic competence, and helped me to feel recognized and protected in my first social work job. Moving to Washington meant giving up those assurances and getting Registered Counselor recognition instead.

Being a Registered Counselor in Washington also means that there's no distinction between my education and experience level and the herbalist who has 9 months training at a community college who's also a Registered Counselor.

With whatever new definitions and qualifications are to come, I would like to be 'grandmothered' in, due to my education and experience. The model of certification levels in Texas may be a model to investigate. I would like to see some distinctions made that separate social workers and counselors from other service providers with different educations and spheres of work.

I have a master's degree in Social Work and have an ESA certification and frankly - it appears - please correct me if I am wrong - that to get any other form of credential from the State I have to go through another program or course? - i.e. to be a licensed social worker? (I should have been grandfathered in - but I recall when the program first got started - it seemed quite cumbersome.) Anyway, I have worked in residential treatment - done private counseling - constituent services - take trainings - and for the last 8 years have done Guardian ad Litem work on a court registry.

Anyway, this is an important task that you are undertaking. I am amazed that this "license" - registered counselor - is being offered with no educational requirements.

For example, the field that I work in specifically - has individuals that have law degrees or master's degrees in counseling or nursing or other related professions. We are required to be on a registry based on our credentials. People with "registered counselor" behind their names - and with maybe 5 years - of who knows what kind of experience? are on the same "qualified" list - primarily by virtue of this meaningless RC credential.. This is not to say that some of these individuals aren't somewhat qualified - but some are absolutely NOT qualified. Attorneys who did not have the 5 years experience were removed from the list - but some with nothing BUT experience - and no education - were left on the list and the reasoning that was used was because they were an RC. These individuals are charging fees that are equivalent to what professionals charge...based on their access to the list - and their RC credential.

What concerns me is what I have observed as sometimes - the lack of big picture perspectives - the blatant racism - classism - that many who are uneducated and work with those who *are* (and I mean clients) bring to their perspective of the client's issues, based on their own backgrounds or upbringings. They for the most part have no ethical perspective - or responsibility and frequently get caught up in the "drama" of the counseling profession - to the damage of the clients. The drama of being a "counselor" adds to their sense of superiority. This position - the name counselor - has an implied authority that goes with it and a healing connotation - or at minimum discernment or appropriate judgment skills. Frequently these individuals are weeded out, but frequently they are not - i.e. the article in the Times. I do think that we are seeing more and more imposters today posing as something that they are not - in every profession or field of work - and this category invites that kind of abuse.

I think that you should either require a four year - at minimum - degree from an accredited university in a counseling related profession - or do away with the credential. A credential should be "obvious" - or clear to the user - what the name implies.

1) The most critical concern of the Task Force appears to focus on Registered Counselors in private practice who are not seeking licensure in the "mental health" field. This group is seen as the most unregulated, and therefore, as posing the greatest threat to public safety. They are also the group with the most at risk from changes that may take place as a result of Task Force recommendations. However, this group has no voice on the Task Force. This doesn't make sense, nor is it fair or wise. Please take whatever steps are necessary to include myself and/or other local Registered Counselors in private practice on the Task Force. My contact info is below.

2) There has been considerable misrepresentation of this group (RC's in private practice who are not seeking licensure) by some Task Force members. We are not a bunch of untrained, under-educated individuals who are out there posing as professionals and charging people for counseling services that we are not qualified to provide. I know quite a few RC's in the Olympia area and a few in Seattle, and all are quite well educated and very well trained to be providing the service they offer. Many RC's have specialized training (e.g. in interpersonal communication and relationship-building skills), and the nature of the counseling they do is correspondingly specialized. One recommendation is for the DOH Registered Counselor Program to have a Review Board that approves registration based on certain criteria around education, training, etc.

3) There are valid reasons why RC's do not seek licensure. Besides the obvious difficulties many of us have with the time and money and travel pressure that can be involved, another important reason is that the work we do is not specific to any existing license. The "mental health" designation does not fit what I do, and that is true of many of the RC's I know. It does not make sense to force someone like me to work toward licensure that isn't a good fit for the kind of work I do. If there was such a thing as a "human potential" or "psycho-spiritual development" license, then it would make sense for me to seek it. I am not interested in working with people on purely a "mental health" basis. I do not "treat" people. I work with them on issues of self-development.

4) Counseling, as defined in RCW 18.19, "includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential." A great many people come to counselors for

reasons other than mental health issues. Everyone, even the most mentally healthy person, has problems and concerns in different aspects of their life that can be addressed through counseling of one kind or another. Others recognize that they are in a developmental process of some kind and seek guidance and support. Licensed mental health counselors do not necessarily have training that would enable them to meet the needs of these clients.

5) Include a required statement at the beginning of the disclosure statement regarding the unlicensed nature of being a registered counselor.

The Following Comments were received at and following the 7/20/06 Meeting of the Registered Counselors Task Force

How does an RC PROVE they are moving toward licensure?

- “Unsupervised” needs to be expanded to include under-credentialed supervision, i.e. the 7% who do not hold ANY credentials?
- Does the new fish ladder “from this point forward...” exclude the previous “unsupervised” category not moving toward licensure/certification?

A registered counselor in a private practice should be represented on the Task Force.

A work session w/registered counselors representing each licensed category (i.e., w/masters degree) & those w/o masters not on track toward licensure should be conducted to ID barriers that keep them in registered category & what standards of practice should be required under registration.

Barriers include # of supervised hours.

Definition of “counseling” is very broad.

Definition of word “supervision” will be important.

Please consider “indirect,” “consultation,” etc.

I’m going to need a mental health counselor by end of this meeting! It’s hard to listen to people describe one end of the elephant and ignore most of it!

I’m afraid you may be wasting your time. The legislators must respond to their constituents & will not vote for anything so restrictive as to be against the public interest. You/they will hear a huge outcry if you restrict as some of you are pushing for.

Of those who answered the survey, 73.05% have a BA or greater ed. in counseling – I think it’s important to ask why they choose registration instead of licensure & look @ great discrepancy between registration & licensure.

I went to the meeting today! Thank you for advising me to participate! Now that I understand what is actually going on again, I can start the to prepare! I wish that I had not been through this exact problem at least five times before, as recently as four- five years ago! The groups participating may have some new players, but the issues are the same as 1973 when I first became involved! Whenever limited funding become a major issue these exact group attempt this alteration! The problem I am having is that I not only understand their frustrations and their attempts to protect their own professions, I also understand that they are extremely concentrated on demonstrating and concentrating their power over the certain situations! Since the vast majority of my professional time has been concentrated in the attempt to get the majority of my clients back into the system that they feel has abandoned them, ignored them or in other cases actually thrown them out due to their individual behavior problems!

By the way, does anyone in your office actually understand what it is I actually do in the performance of professional duties? I attempt to be a facilitator to the re involvement of these individuals in the very programs that are currently questioning my involvement! I wish you the best in your pursuits over the next few months! Have a good day!